Government of Saskatchewan

# Annual Statistical Report 2003-04

## Saskatchewan Health

Medical Services Branch

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# Preface

This document is a statistical supplement to the Annual Report of Saskatchewan Health for the fiscal year 2003-04. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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# Highlights

- Payments by MSP under its program areas totaled $444.5 million (see Page 7). Administrative expenses were less than 1% at $3.8 million.

- MSP also made payments in 2003-04 to support the Specialist and Rural Emergency Coverage Programs, the Clinical Services Fund, a number of alternate payment projects, a Dental Residency program and a number of Saskatchewan Medical Association programs (see Page 8).

## Medical Services Plan

- New fee-for-service agreements were signed with physicians and chiropractors during the year:
  - the physician agreement between Saskatchewan Health and the Saskatchewan Medical Association (SMA) covers three years, April 1, 2003 to March 31, 2006. It provides for fee increases in the Payment Schedule of 8.3% on October 1, 2003 and 6% on April 1, 2004 and 2005 plus $3 million per year for new items and modernization of the Schedule. The agreement also provides a total of $11.2 million to bolster recruitment and retention programs (see Recruitment and Retention Initiatives, page 5).
  - the chiropractic agreement between Saskatchewan Health and the Chiropractors' Association of Saskatchewan covers three years, April 1, 2003 to March 31, 2006 and provides for fee increases of 3% in each year of the contract.

- The current optometric agreement between Saskatchewan Health and the Saskatchewan Association of Optometrists covers four years, June 1, 2000 to May 31, 2004. It provided an increase in the Payment Schedule of 5.75% effective January 1, 2001 and a 3% increase effective June 1, 2003.

- The current dental agreement between the College of Dental Surgeons and Saskatchewan Health covers 10 years, August 1, 1995 to March 31, 2005. No adjustments in payments were made for the first six years. A retroactive payment of 2% was made on claims billed between April 1, 2001 and March 31, 2002 plus an additional 3% for claims billed between April 1, 2002 and December 31, 2002. A new Payment Schedule was effective January 1, 2003. The agreement provided for 3% increases April 1, 2003 and April 1, 2004.

- The number of claims received for processing in 2003-04 totaled over 9.3 million, up 5.6%, including claims for SGI services and out-of-province beneficiaries. Over 98% of claims were submitted via computer (Table 3). The number of claims processed and hence the number of services is influenced by new items and modernization of the Payment Schedule such as the introduction of a hospital discharge fee code and the unbundling of post-op visits from 42-day procedures (Figures 1 and 2 and Table 7).

- The number of beneficiaries eligible to receive services decreased by over 17,000 to 1,007,753 (Figure 1 and Table 29). Of this number, 86.9% received insured services during the year from a physician (up from 84.9%), 9.7% from an optometrist, and 10.9% from a chiropractor (Table 5).

- Benefits paid for insured services - provided by physicians, optometrists, chiropractors, and dentists - amounted to $360.3 million, an increase of 7.1% on a per capita basis (Table 8).

- Total expenditures by program area were: (Table 8)

| | |
|---|---|
| physicians | $345,455,000 |
| optometrists | $4,126,000 |
| chiropractors | $9,319,000 |
| dentists | $1,355,000 |

- Payments for out-of-province physician services totaled $20.1 million (Table 11) up 11.0%. Out-of-province hospital payments totaled $38.0 million (Table 13a) up 15.8%. Physician fee schedule increases in most provinces and increased hospital per diem rates contributed to these increased costs.

- Services provided outside of Canada for patients with prior approval are:

| | 2002-03 | 2003-04 |
|---|---|---|
| Patients | 33 | 33 |
| Practitioner Payments | $399,300 | $392,700 |
| Hospital Payments | $707,000 | $517,800 |
| Total Payments | $1,106,300 | $910,500 |

(Note that the number of patients receiving services in a year may not equal the number approved during the year. Reasons include patients not going or not receiving treatment in the same year or patients requiring on-going care over two or more years.)

- To encourage specialist recruitment and retention, MSB and the SMA, in co-operation with the College of Physicians and Surgeons of Saskatchewan, agreed to recognize physicians with specialty certification from outside Canada and who restrict their practice as

eligible to receive MSP payments at foreign certified specialist (FCS) rates as of April 1, 2001. Prior to 2001-02 these physicians would have been classified and included as general practitioners and paid at general practitioner rates. Both the increases in the number of active physicians (Figure 1 and Table 18) and the fluctuations in the average payment per physician (Table 25) may have been influenced by the recognition of foreign certified specialists and by the locum number policy changes in 2000 and 2001.

- The number of active physicians (with their own MSP billing number) in Saskatchewan increased at year end to 1,237 from 1,219 in 2002-03. Metro (Regina and Saskatoon) general practitioners increased by 3 (to 345), other urban general practitioners increased by 2 (to 146), and rural general practitioners increased by 9 (to 239); specialists increased by 4 to 507.

Average payments to active physicians (Table 25):

| | | |
|---|---|---|
| General Practitioners | $207,300 | up 5.0% |
| Specialists | 316,000 | up 5.0% |
| All Physicians | 251,800 | up 4.9% |

(see "Active" definition - page 14)

- Payments for the Specialist Emergency Coverage Program (SECP) and the Rural Emergency Coverage Program totaled $20.7 million (Table 27) up 0.8%.

- Expenditures for physician services provided through non-fee-for-service payment arrangements (medical remuneration and alternate payments) totaled $87.0 million (Table 28) up 10.6%.

- The per capita cost for physician services increased by 7.4% to $337 from $314 in 2002-03 (Table 31), primarily attributed to Payment Schedule changes.

- The number of practising chiropractors remained unchanged at 162, while the number of practising optometrists increased by 2 (to 112). The average payment per chiropractor increased by 1.5% to $55,674 and the average payment per optometrist increased by 1.8% to $36,260 (Table 34).

## Physician Remuneration

- The predominant method of payment for physician services in Saskatchewan is the fee-for-service system. Payment for these services is established by agreement between the Province and the SMA based on rates outlined in the Payment Schedule. In 2003-04, payments for fee-for-service in-province physicians totaled about $309.1 million.

- A significant number of physicians derive the majority of their income from mechanisms other than fee-for-service. Non-fee-for-service funding arrangements for physician services represent a large and rapidly growing area of provincial health expenditures. In 2003-04, this sector accounted for about $125.4 million, 26.9% of Saskatchewan Health's total expenditures on in-province physician services. The majority of expenditures are in areas of medical services associated with Regional Health Authority (RHA) operations (radiology, laboratory and emergency services).

- Alternative forms of compensation for physician services continue to be of interest to physicians and RHAs. They provide a different way of reimbursing physicians for services other than the traditional fee-for-service system. Under these arrangements physicians have an opportunity to work as an integral part of the health team while achieving positive effects in their lifestyle. Recruitment and retention is also facilitated by a stable source of funding.

- In 2003-04 the Medical Compensation Unit was formed which combined responsibility for both contracts and medical remuneration funding. The Unit added four new agreements, expanded two others and established funding arrangements to support Emergency Room physicians in Yorkton, Prince Albert and Saskatoon Royal University Hospital.

- Responsibility for the management of agreements where physicians are working in a primary care arrangement transferred to Primary Care Branch effective April 1, 2004.

- Regional Health Authority (RHA) expenditures on physician services represent a rapidly growing and prominent area of Region operations. The Medical Compensation Unit within MSB assists Health Regions and other stakeholders in providing a standardized provincial approach in this area.

## Recruitment and Retention Initiatives

- Specialist Recruitment and Retention Program – The fund was established as part of the 2000-2003 SMA Agreement and is managed by a tripartite committee with representation from the SMA, RHAs and Saskatchewan Health. Medical residents in specialty training at the U of S are eligible for a maximum of 3 years funding with a commitment to provide one-year return-of-service for each year of funding received.

- Specialist Emergency Coverage Program -- This program was negotiated as part of the 2000-2003 SMA Agreement and is managed by a tripartite committee which includes the SMA, RHAs and Saskatchewan Health. At a $15 million annual cost, the primary objective of this program is to meet the emergency needs of the public and to ensure fair compensation to those specialists providing this service (see Table 27).

- Long Service Retention Program -- A $4 million program established as part of the 2000-2003 SMA Agreement. It is intended to recognize physicians who provide 10 or more years of service to the province.

- Specialist Physician Enhancement Training Program -- This program is designed to provide 6 grants of up to $80,000 per year to allow practising specialists the opportunity to obtain additional training to a maximum of 2 years. All recipients are required to fulfill a return-of-service commitment.

- Rural Practice Enhancement Grant (RPEG) Program -- Grants of $18,000 are available to Canadian-trained or landed immigrant physicians that establish new practices in rural communities for 18 months minimum.

- Rural Practice Enhancement Grant (RPEG) Program for Foreign-Trained Physicians -- Grants of $18,000 are available to eligible foreign-trained family physicians that establish practice for 18 months in a rural community. The 18-month return-of-service commitment begins after the first 18 months required to qualify for the program has been completed.

- Emergency Room Coverage/Weekend Relief Program -- A $6.7 million fund is directed to compensating physicians providing emergency room coverage in rural areas, and assisting communities with fewer than 3 physicians to access a list of physicians willing to provide relief coverage when needed.

- Physician Incorporation -- Incorporation has been available to physicians since August 2000 making Saskatchewan competitive with other jurisdictions in attracting and retaining physicians.

- Regional Practice Enhancement (RPEG) Program -- This pilot project will provide $10,000 to eligible family physicians who establish a practice for 18 months minimum in a regional centre between January and December 2004. An 18-month return-of-service commitment will begin after the initial 18-month qualification period is fulfilled.

- Medical Resident Bursary Program -- Bursaries of $25,000 are available to assist family medicine residents with educational expenses in exchange for a rural service commitment.

- Undergraduate Medical Student Bursary Program -- Grants, at the current level of $15,000, are available to medical students who sign a return-of-service commitment to a rural Saskatchewan community. Undergraduates who pursue a Family Medicine residency will now be eligible for 3 years of undergraduate funding and 2 years of resident funding to a maximum of $95,000.

- Rural Practice Enhancement Training -- This program provides income replacement to in-practice rural physicians and assistance to residents wishing to take specialized training in an area of demand in rural Saskatchewan. A return-of-service commitment is required.

- Re-Entry Training Program -- This program initiated in 1999 through the Committee on Rural Practice provided two grants annually to rural family physicians who wished to enter specialty training. Physicians must have practised full-time in rural Saskatchewan for 3 years to qualify plus make a return-of-service commitment. In 2000 this program was merged into a new Specialist Re-Entry Training Program that included 2 positions funded by Saskatchewan Health. A joint committee which includes the College of Medicine, the SMA and Saskatchewan Health has developed criteria for awarding the 4 available positions to Saskatchewan-based family physicians.

- Rural Emergency Care - CME Program -- This Continuing Medical Education program is intended to provide funds to rural physicians for certification and re-certification of skills in emergency care and risk management. Full costs of Canadian tuition and a portion of travel and accommodation expenses may be reimbursed. Eligible physicians must have 12 months continuous licensure and 12 months of practice in rural Saskatchewan. A return-of-service commitment is expected.

- Locum Service Program -- This program operated by the SMA and managed by the Committee on Rural and Regional Practice provides coverage while physicians take vacation, education or other leave.

- Support Services -- The SMA operates a Rural Travel Assistance Program and a Rural Extended Leave Program.

- Technology -- A number of pilot projects are underway that will introduce technology to support and enhance practices of rural physicians.

## Physician Resources

- The Department supports educational activities at the College of Medicine through the Clinical Services Fund. With a budget of $23.6 million in 2003-04, the Clinical Services Fund covers the following areas:
  - academic and clinical services provided by faculty;
  - undergraduate, post-graduate and continuing medical education; and
  - post-graduate medical resident salaries and benefits.

- The post-graduate medical program provides accredited training in 21 programs including family medicine and a number of specialties. These programs are of varying duration -- family medicine is two years, specialties range from 4 to 6 years in length. Table 33 outlines the number of funded residency positions as well as the retention rate of recent program graduates.

- The Saskatchewan Academic Health Sciences Network (SAHSN) was launched in January 2002 in order to foster partnerships in clinical service, research and teaching. It is comprised of RHAs, government (the Departments of Health and Learning), the College of Medicine and the University of Saskatchewan. Historically, approximately 65% of the College's annual budget originates from the Departments of Health and Learning.

- The Department has undertaken a review of Physician Resource Planning activities in other jurisdictions and is working, initially with the RHAs, to establish a physician resource planning process.

## Medical Services Branch 2003-04 Expenditures

| | Payments | Per Cent of Total |
|---|---|---|
| Medical Services Plan | | |
| Total In-Province | $328,467,862 | 73.3 |
| Physicians - Fee-for-Service[1] | 309,147,049 | 69.0 |
| Physicians - Alternate Payments[2] | 6,730,159 | 1.5 |
| Chiropractors | 7,740,825 | 1.7 |
| Optometrists | 3,492,162 | 0.8 |
| Dentists | 1,357,667 | 0.3 |
| Out-of-Province (including Hospital) | 60,857,849 | 13.6 |
| Saskatchewan Medical Association Programs | 31,344,124 | 7.0 |
| Medical Education System - Clinical Services Fund | 23,644,924 | 5.3 |
| Dental Residency Grant | 189,289 | 0.1 |
| Administration | 3,815,616 | 0.9 |
| **Total Expenditures** | **$448,319,664** | 100.0 |

[1] Includes Rural Emergency Coverage Program payments processed through the Claims System.

[2] Excludes amounts transferred to the Health Regions' base funding from Alternate Payments during the Budget process.

**Notes:**

1. There is a difference between Medical Services Plan payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of claims for medical and optometric services provided in community clinics, which are included in the statistical tables as if paid on a fee-for-service basis, but actually funded on a global basis through the Regional Accountability Branch; and, the handling of claims for medical services provided in other alternate payment projects. For statistical purposes, combined chiropractic and optometric data for services paid under both the Medical Services Plan and the Supplementary Health Program is reported in this document.

2. Medical Services Plan Out-of-Province payments include physician, chiropractic, optometric, dental and hospital services.

# Expenditures for In-Province Physician Services and Programs, 2003-04

| | Payments | Recipients of Bursaries & Grants: New | Recipients of Bursaries & Grants: Total[4] |
|---|---|---|---|
| Fee-for-Service (FFS) | $303,336,338 | | |
| Rural Emergency Coverage Programs (FFS) | $5,810,711 | | |
| Specialist Emergency Coverage Programs | $14,565,046 | | |
| Non-fee-for-service (Non-FFS) | $125,396,479 | | |
| Medical Remuneration | $62,781,774 | | |
| [1]Saskatchewan Cancer Agency | $6,547,633 | | |
| [1,2]Student Health Centre | $283,215 | | |
| [1,2]Community Clinics | $4,692,752 | | |
| Physician Stabilization | $1,000,000 | | |
| [1,2]Northern Health Contract Physicians | $3,133,459 | | |
| [3]Alternate Payments | $23,312,722 | | |
| Clinical Services Fund (College of Medicine) | $23,644,924 | | |
| **Sub-Total: Payments for Physician Services** (including FFS, Emergency Coverage Programs and Non-FFS) | **$449,108,573** | | |
| SMA Programs (excluding Emergency Coverage Programs) | $16,344,124 | 54 | 117 |
| Undergraduate Medical Bursaries | $540,000 | 11 | 26 |
| Medical Residency Bursaries | $175,000 | 5 | 8 |
| Physician Re-Entry Training Program | $252,567 | 2 | 5 |
| Rural Practice Enhancement Training | $82,627 | 2 | 2 |
| Rural Practice Establishment Grant | $201,000 | 12 | 16 |
| Rural and Remote Incentives | $1,388,806 | | |
| Continued Medical Education | $1,700,000 | | |
| Canadian Medical Protective Agency (CMPA) Funding | $6,080,000 | | |
| Practice Enhancement Program | $75,000 | | |
| Physician Retention Fund | $4,000,000 | | |
| Specialist Recruitment and Retention Bursaries | $1,500,000 | 20 | 54[5] |
| Saskatchewan Health Re-entry Training | $349,124 | 2 | 6 |
| **Grand Total: Payments to Physicians (including SMA Programs)** | **$465,452,698** | | |
| **Continuing Bursaries from Previous Years** | | 63 | -- |

[1] Expenditures in these areas are managed by other Branches of Saskatchewan Health.
[2] These expenditures include payments to physicians only.
[3] Includes some rural emergency coverage payments and payments for travel expenses when general practitioners provide weekend relief. Includes amounts transferred to the Health Regions' base funding during the Budget process.
[4] The total includes new recipients in 2003-04 plus recipients of continuing bursaries from previous years.
[5] Four recipients of Specialist Physician Enhancement Training bursaries are included.

**Notes:** 1) In 2003-04, the Medical Services Branch was responsible for about $449.1 million in expenditures for physician remuneration, up 6.5% from $421.7 million in 2002-03.
2) In addition to physician remuneration, the Branch provided an additional $16.3 million to physicians through SMA programs, up 6.4% from $15.4 million in 2002-03.
3) Department funding for physician services may not equal expenditures by Regional Health Authorities.
4) The numbers of bursaries and grants issued in 2003-04 are up to 54, from 49 in 2002-03.

# Medical Services Plan

The Medical Services Plan provides insurance coverage to Saskatchewan residents (beneficiaries) for a wide range of services provided by physicians, chiropractors, and optometrists, as well as a limited range of services provided by dentists.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being registration and residency with the Health Registration and Vital Statistics Branch. No premiums are levied.

**Subject to the exclusions detailed later in this section, the following services are insured:**

## Physician Services

**Medical Services** - The diagnosis and treatment by a physician of all medical disabilities and conditions.

**Surgical Services** - Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

**Maternity Services** - Care during pregnancy, delivery, and after care in hospital by a physician.

**Anaesthesia** - The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures
- obstetrical anaesthesia
- anaesthesia for pain management
- all dental anaesthesia primarily for patients under 14 years.

**Diagnostic Services**

- x-ray services, including interpretations, provided by a specialist in radiology. Breast screening mammographies for women 50 to 69 years of age are available and funded through the provincial Screening Program for Breast Cancer.
- other diagnostic services provided by a physician.

**Laboratory Services**

- any laboratory services, including interpretations, provided by specialists in pathology;
- an approved list of laboratory services provided by a physician other than a pathologist.

**Preventive Medical Services** - Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

**Cancer Services** - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with a Saskatchewan Cancer Clinic.

## Optometric Services

Coverage for optometric services is limited to the following four categories of persons:

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program;
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement.

The services covered include routine eye examinations, partial examinations and tonometry (for persons 40 years of age and over).

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- for patients less than 18 years of age examinations are limited to one every 12 months (this coverage is provided by the Medical Services Plan);
- for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to one every 12 months;
- for patients aged 18 to 64 who qualify for coverage under one of the special programs listed above, examinations are limited to one every 24 months.

## Dental Services

Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

Extraction of teeth medically required for the provision of:

- heart surgery,
- services for chronic renal disease, or
- services for total joint replacement by prosthesis

where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval of the MSP is received.

## Chiropractic Services

Chiropractic visit and x-ray services are insured with no limits. Chiropractic visit services are insured through a co-payment system whereby MSP makes payment to chiropractors for each visit service provided. Chiropractors are also allowed to charge beneficiaries an additional amount beyond the amount of government payment. Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program, and seniors (age 65+) receiving a Saskatchewan Income Plan supplement are fully insured for chiropractic services.

## Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province, but within Canada.

**Physician Services:**
Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for insured physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Cataract surgery, magnetic resonance imaging (MRI) and private facility bone densitometry provided outside of the province are only insured with prior approval from Saskatchewan Health.

Non-emergency services provided outside of Canada are only insured with prior approval from Saskatchewan Health.

**Hospital Services:**
Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement. The hospital bills the provincial health plan of the province in which services are provided. The host plan then bills the home province of the patient for the services provided.

Emergency hospital services for persons traveling outside Canada are covered on the following basis: $100 (Canadian) per day for in-patient services; $50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from Saskatchewan Health.

Similar prior approval provisions exist for coverage of hospital services provided outside the province in respect of cataract surgery, MRIs and bone densitometry, as noted above for physicians.

## Exclusions

**The following services are not insured by the Medical Services Plan:**

- health services received under other public programs including: The Workers' Compensation Act, federal Department of Veteran Affairs, The Mental Health Act.
- traveling
- advice by telephone except when provided by physicians to physicians or allied health personnel
- surgery for cosmetic purposes
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party
- autopsy
- ambulance services and other forms of transportation of patients
- services provided by special duty nurses
- services provided by chiropodists, podiatrists, naturopaths or osteopaths
- dentistry, except as described under Insured Services - Dental Services
- drugs and dressings
- appliances (e.g. eyeglasses, artificial limbs)
- routine eye examinations by physicians are limited in coverage to those beneficiaries who would be covered under the optometric program (see page 9)
- electrolysis
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over
- reversals of sterilization
- implantation of penile prosthesis
- thermal ablation of obviously benign skin lesions
- injection of asymptomatic varicose veins
- non-medically necessary circumcisions for newborns.

## Methods of Payment

The Medical Services Plan makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules
- population-based funding, adjusted by age, gender and geographic area, for general practitioner services provided to clients who primarily seek their health care from a single physician clinic
- salary, contractual or sessional payment arrangements funded through Regional Health Authority Boards.

Alternate methods of compensating physicians for services are designed to:

- provide physicians with the flexibility to develop programs and deliver services that meet the needs of their patients, including initiatives such as health promotion and other educational activities, and
- encourage physicians to work as members of multi-disciplinary health teams without experiencing loss of income.

Funding levels for alternate payment projects are determined based on a number of factors including the population served, service need, and ongoing viability and sustainability of the services.

Alternate payment arrangements for general practitioner services are closely linked with the Department's Primary Health Services initiative. Physicians and regional health authorities considering alternate payment arrangements are encouraged to explore the opportunities and benefits of this approach in the delivery of health services.

A global system of payment for the operation of four community clinics is provided by the Regional Accountability Branch.

Practitioners may choose to practice entirely outside the Medical Services Plan, in which case the services provided by that practitioner are uninsured.

## Professional Review

**Joint Professional Review Committees** have been formed with the various professional associations and licensing bodies to evaluate the billing and practice patterns of practitioners. These Committees are empowered to make monetary reassessments and levy fines of up to $50,000 (see Table 2).

# Statistical Figures and Tables

## Introductory Notes

**General** - The following tables are based upon Medical Services Plan payments made during 2003-04 on a fee-for-service basis for medical, optometric, chiropractic and dental services provided to Saskatchewan beneficiaries. Any work stoppages in the health care system may affect utilization and earnings data presented in this report.

A global system of payment for medical and optometric services is used for four community clinics in the province, however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects have their services recorded on the same basis as fee-for-service items (shadow billing). **Note: The level of compliance to shadow bill for other than fee-for-service methods of payment can impact on the data presented in this report.**

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners outside the province. Tables 12, 14a and 14b are the only tables which present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables which show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians and optometrists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

Service groupings are based on national (Canadian Institute for Health Information) grouping classifications.

**Date of Payment** - Statistics are based upon the date a service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2003-04 include some services provided in 2002-03.

**Payment Adjustments** - The difference between MSP payments shown in the Statement of Expenditures, page 7, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through the Regional Accountability Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements. Statistical tables have not been adjusted for recoveries resulting from professional review activities (see Table 2).

**Payments to Locum Tenens** - Where a physician acts as the principal for a locum tenens physician who is not fully registered by the College of Physicians and Surgeons, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional or long-term locum license by the College.

**Retroactive Payments** - From time to time, MSB is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. The data excludes any lump sum payments made to the SMA in lieu of delayed implementation of Payment Schedule amendments. The data also excludes lump sum payments to dentists and dental surgeons in 2002-03 and 2003-04 in lieu of retroactivity. Such payments are included in the Expenditure tables on pages 7 and 8.

**Chiropractic and Optometric Services under Supplementary Health** - Changes to the chiropractic and optometric programs in 1992 resulted in a shift in payment responsibility for some services to the Supplementary Health Program. For statistical purposes, however, combined chiropractic and optometric data for services paid under both the Medical Services Plan and the Supplementary Health Program is reported in this document.

## Definitions of Service Groupings (Tables 7 to 10 and 15)

(a) **Consultations** - A consultation is the referral of a patient by one physician to another for examination, diagnosis, and a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

(b) **Major Assessments** - A major assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Eye examinations by physicians are included here.

(c) **Other Assessments** - Other assessments are visits which comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.

(d) **Psychotherapy** - Includes treatment interview, group therapy, and counseling.

(e) **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and out-of-hours premiums.

(g) **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.

(h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.

(i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.

(j) **Obstetrics** - Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Foetal monitoring and transfusions are included here.

(k) **Anaesthesia** - All anaesthetic procedures, pain management and pain clinic services are included in this category (see page 9).

(l) **Diagnostic Radiology** - All out-of-hospital technical procedures and interpretations by specialists in radiology.

(m) **Laboratory Services** - All common office laboratory services provided by a physician other than a pathologist.

(n) **Other Diagnostic and Therapeutic Procedures** - All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolau smears, and resuscitation and intensive care.

(o) **Special and Miscellaneous Services** - Examinations for adoptions, for rape victims, for follow-up Cancer report; examinations and certifications of mental ill health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice to physicians or allied health personnel via telecommunications; and any other services not elsewhere classified.

(p) **Services by Optometrists** - Includes eye examinations to determine the refractive state of the eye, when provided by an optometrist, partial examinations and tonometry testing.

(q) **Services by Chiropractors** - Includes visit services and x-ray services provided by chiropractors.

(r) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures.

## Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. **Physicians**

(a) **General Practitioner** - A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.

(i) **Metro** - A general practitioner who practises in Regina or Saskatoon.

(ii) **Urban** - A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.

(iii) **Rural** - A general practitioner who practises in a locality having fewer than 10,000 residents.

(iv) **Association** - A general practitioner who maintains patients' medical records with one or more other physicians.

(v) **Solo** - A general practitioner who is not working in association with another physician.

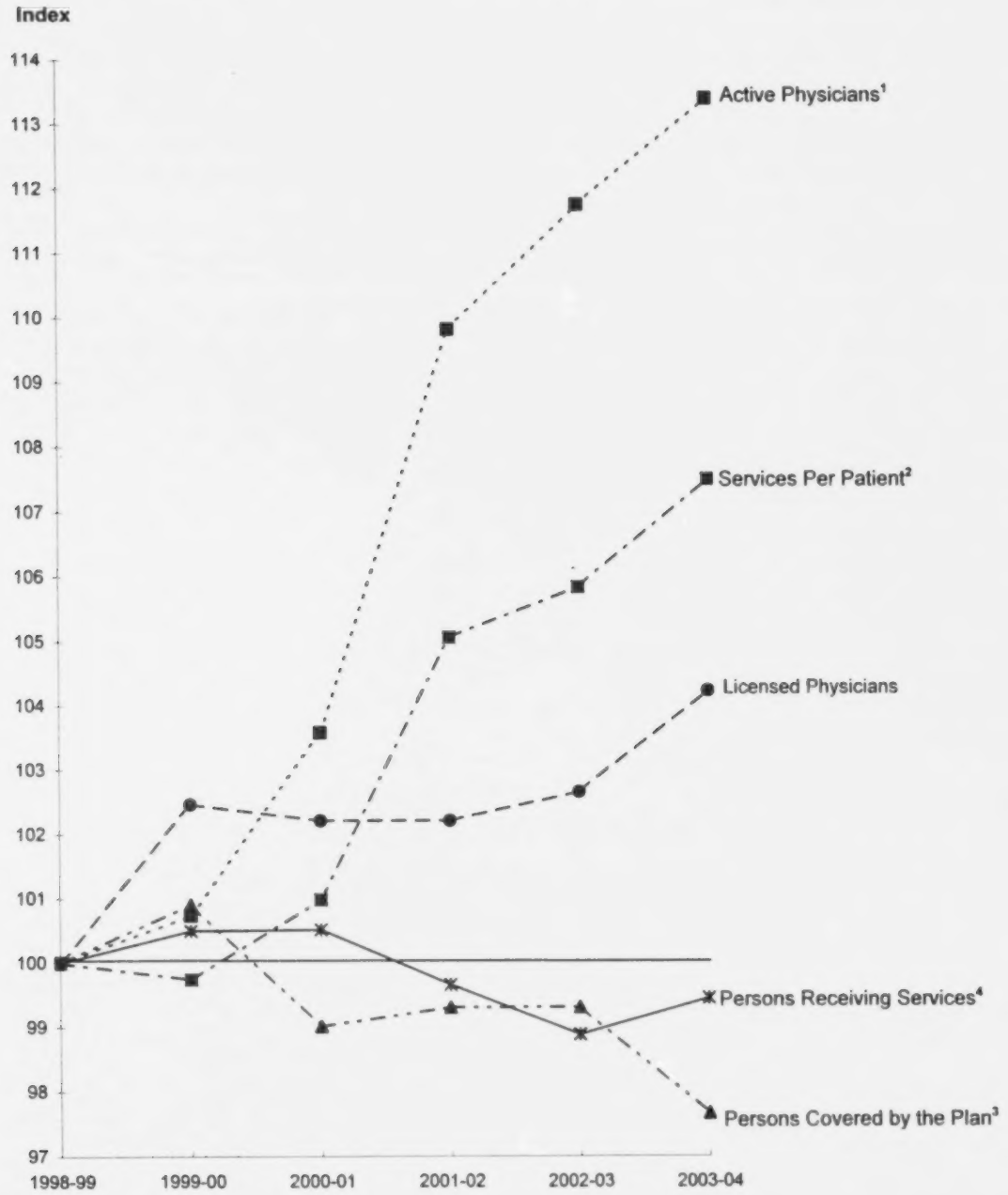
(b) **Specialist** - A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive MSP payments at specialist rates and, as of April 1, 2001, a foreign certified physician listed by the College of Physicians and Surgeons as eligible to receive MSP payments at foreign certified specialist (FCS) rates. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services. (See "Highlights" - page 4)
**Note**: Physiatrists are included with Internists, Medical Geneticists with Paediatricians, and Pathologists with Diagnostic Radiologists.

II. **Optometrist** - A practitioner registered by the Saskatchewan Association of Optometrists.

III. **Chiropractor** - A practitioner registered by the Chiropractors' Association of Saskatchewan.

**Note: Definition of Active Physician** - Physicians receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. General Practitioners are categorized in the group in which they earned the most income if they practised in various clinics or locations throughout the year.

## Figure 1
## Index of Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services 1998-99 to 2003-04



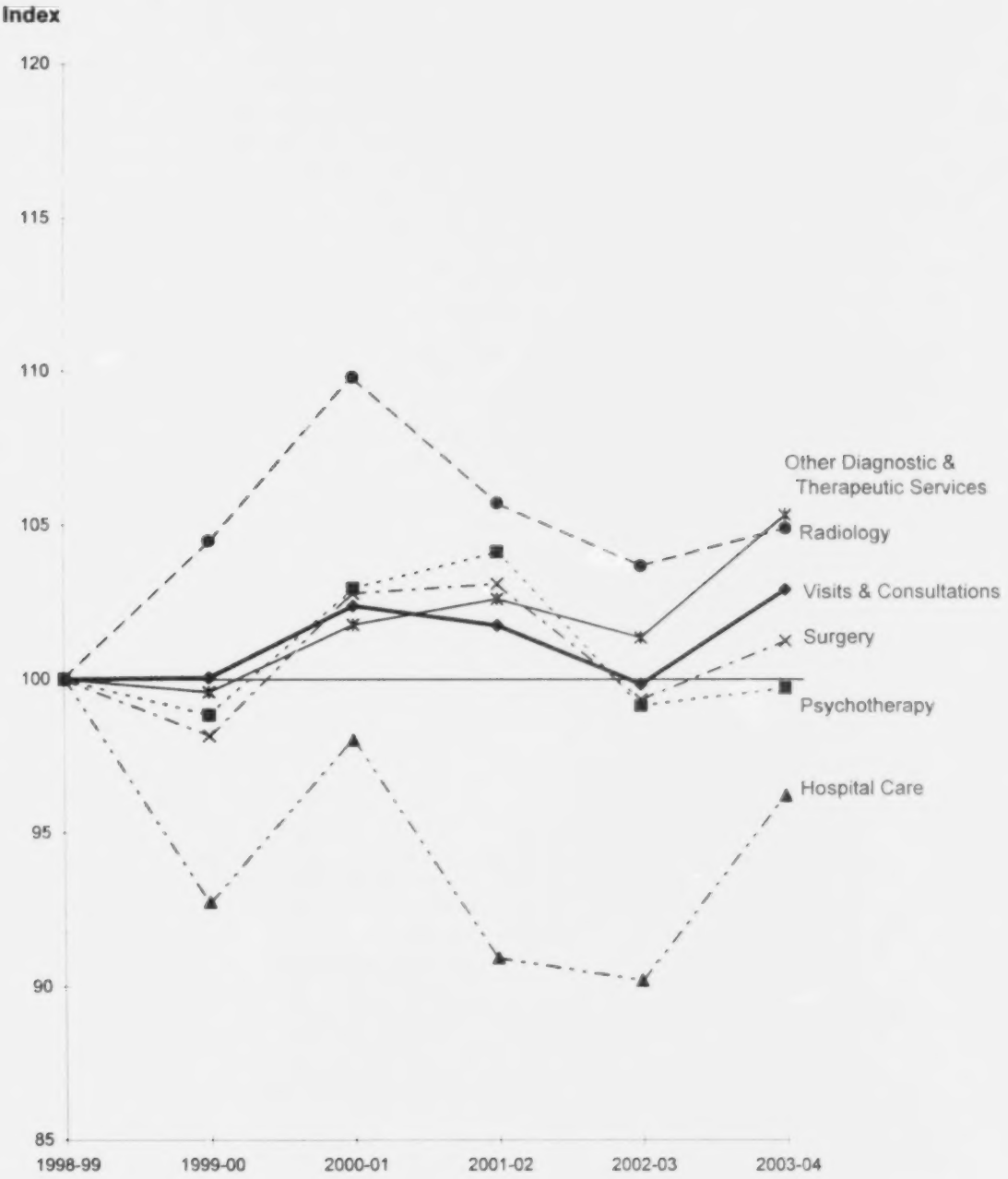

[1] Policy changes in 2000 and 2001 regarding issuing locums MSP billing numbers affect year over year comparisons of Active Physicians.

[2] Services Per Patient exclude any surcharges or premiums but include services that contain additional units. Service counts are affected by the Anaesthesia Section restructuring in January 2001, by the expansion of fee codes related to telephone advice in June 2001, by a new hospital discharge fee code and unbundling of post-op visits in October 2003.

[3] The number of beneficiaries decreased by 17,000 in 2003-04 compared to 2002-03.

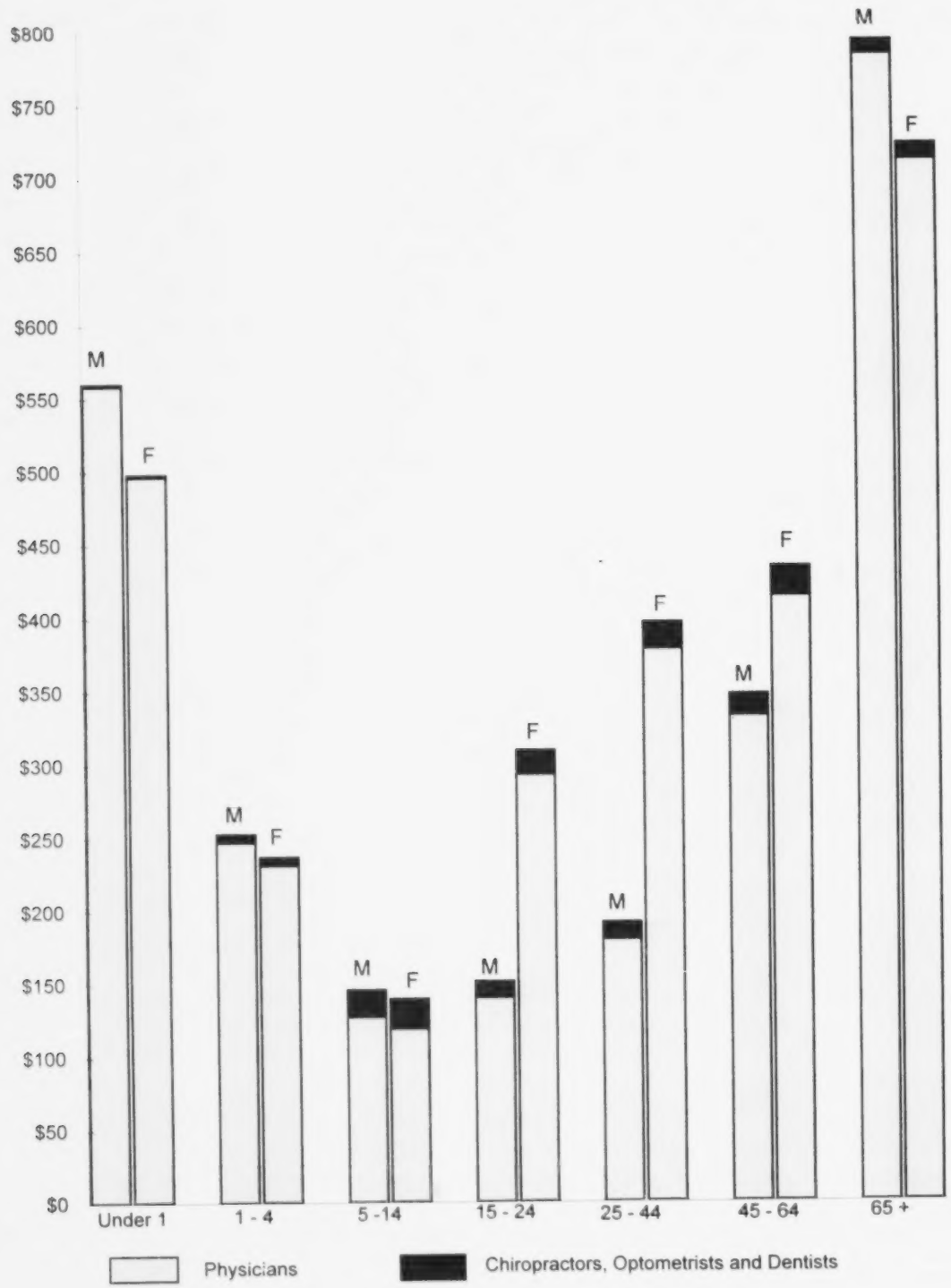
[4] 86.9% of beneficiaries received services from a physician in 2003-04, up from 84.9% in 2002-03.

## Figure 2
## Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services 1998-99 to 2003-04




**Note:** The level of compliance to shadow bill, for other than fee-for-service methods of payment, as well as any health care work stoppages can affect year over year comparisons (see "Introductory Notes").

**Figure 3**
**Per Capita Payments for Insured Services by Age and Sex of Beneficiary**



## Figure 4
## Map of Regional Health Authorities

1. Sun Country
2. Five Hills
3. Cypress
4. Regina Qu'Appelle
5. Sunrise
6. Saskatoon
7. Heartland
8. Kelsey Trail
9. Prince Albert Parkland
10. Prairie North
11. Mamawetan Churchill River
12. Keewatin Yatthé
13. Athabasca Health Authority

## Table 1
## Analysis of Per Cent Change in Per Capita Costs

| Year | Gross Payments for Insured Services (000's) | Total Per Cent Change In Per Capita Costs[1] | Per Cent Change Due to Fee Increases | Per Cent Change Due to Utilization Increases[3] |
|---|---|---|---|---|
| 1999-00[2] | 296,750 | 3.08 | 2.16 | 0.90 |
| 2000-01[2] | 305,074 | 4.67 | 0.06 | 4.60 |
| 2001-02[2] | 325,120 | 5.27 | 4.82 | 0.43 |
| 2002-03[2] | 342,007 | 4.51 | 4.34 | 0.16 |
| 2003-04[2] | 360,254 | 6.57 | 3.87 | 2.60 |
| Average Annual Per Cent Change 1999-00 to 2003-04 | 4.98 | 5.25 | 3.27 | 1.95 |

[1] Current year cost per capita figures have been adjusted for claims inventory, program coverage and covered population to allow for comparison to the previous year.
The total per cent change in per capita costs is equal to the per cent change due to fee increases multiplied by the per cent change due to utilization increases.

[2] Payments in all years exclude lump sum payments made to the SMA for distribution to physicians in the province in lieu of retroactive amendments to the Payment Schedule.
Payments in 2002-03 and 2003-04 exclude lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.
Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.

[3] The change in utilization may be affected by changes in data capture for physicians participating in non-fee-for-service arrangements.

## Table 2
## Adjustments and Recoveries by the Medical Services Plan

| | 2002-03 | | 2003-04 | |
|---|---|---|---|---|
| | Number of Practitioners | Adjustment or Recovery (000's) | Number of Practitioners | Adjustment or Recovery (000's) |
| Routine Assessment on In-Province Claims[1] | 1,970 | $4,657.2 | 1,970 | $4,549.5 |
| Routine Assessment on Out-of-Province Claims[1] | -- | 860.8 | -- | 928.5 |
| Special MSP Studies and Professional Review Activity[2] | 9 | 42.4 | 15 | 130.8 |
| Third Party Liability Recoveries | -- | 2,693.2 | -- | 2,999.8 |
| **Total** | -- | **$8,253.6** | -- | **$8,608.6** |

[1] The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs. The In-Province number is net of after hour premiums, which are system generated, and the patient's co-payment portion on chiropractor claims.

[2] The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the MSP and Professional Review Committees.

## Table 3
## Claims Received by Method of Billing

| Claims Received from: | Number of Claims Received 2002-03 | Number of Claims Received 2003-04 | Per Cent of Claims Received 2002-03 | Per Cent of Claims Received 2003-04 |
|---|---|---|---|---|
| **Physicians** | **7,898,089** | **8,371,828** | **89.44** | **89.81** |
| In-Province Claim Forms[1,4] | 60,100 | 46,703 | 0.68 | 0.50 |
| In-Province Direct Input[1,4] | 7,594,869 | 8,062,568 | 86.01 | 86.50 |
| Out-of-Province Reciprocal Billing[2] | 241,017 | 260,652 | 2.73 | 2.80 |
| Other Out-of-Province | 2,103 | 1,905 | 0.02 | 0.02 |
| **Optometrists[3]** | **115,711** | **113,158** | **1.31** | **1.21** |
| In-Province Claim Forms[4] | 66,461 | 63,987 | 0.75 | 0.69 |
| In-Province Direct Input[4] | 46,427 | 46,659 | 0.53 | 0.50 |
| Out-of-Province | 2,823 | 2,512 | 0.03 | 0.03 |
| **Chiropractors[3]** | **807,997** | **828,046** | **9.15** | **8.88** |
| In-Province Claim Forms | 10,025 | 6,918 | 0.11 | 0.07 |
| In-Province Direct Input | 793,074 | 816,167 | 8.98 | 8.76 |
| Out-of-Province | 4,898 | 4,961 | 0.06 | 0.05 |
| **Beneficiaries** | **8,785** | **8,226** | **0.10** | **0.09** |
| In-Province | 274 | 250 | 0.00 | 0.00 |
| Out-of-Province | 8,511 | 7,976 | 0.10 | 0.09 |
| **Total** | **8,830,582** | **9,321,258** | **100.00** | **100.00** |

[1] Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services.

[2] Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.

[3] Includes claims for optometrist and chiropractor services covered by the Supplementary Health Program.

[4] Includes claims for SGI driver medicals and visual exams.

## Table 4
## Services and Payments by Age and Sex of Beneficiaries

| Age Groups | Number of Beneficiaries as at June 30, 2003 | | Rate Per 1,000 Beneficiaries | | | |
|---|---|---|---|---|---|---|
| | | | Services | | Payments | |
| | Male | Female | Male | Female | Male | Female |
| **A. Physicians** | | | | | | |
| Under 1 | 5,945 | 5,651 | 16,022 | 14,767 | 558,292 | 496,373 |
| 1 - 4 | 25,056 | 24,035 | 9,075 | 8,344 | 247,009 | 231,287 |
| 5 - 14 | 73,389 | 69,995 | 5,249 | 4,982 | 127,115 | 118,977 |
| 15 - 24 | 78,549 | 74,881 | 5,322 | 10,957 | 139,909 | 292,649 |
| 25 - 44 | 135,601 | 135,556 | 6,440 | 13,140 | 179,523 | 377,701 |
| 45 - 64 | 116,891 | 114,664 | 10,661 | 14,164 | 331,977 | 413,362 |
| 65 and over | 64,045 | 83,495 | 24,431 | 24,041 | 782,607 | 710,758 |
| **All Beneficiaries** | **499,476** | **508,277** | **9,630** | **13,508** | **286,495** | **386,694** |
| **B. Optometrists** | | | | | | |
| Under 1 | 5,945 | 5,651 | 8 | 9 | 293 | 348 |
| 1 - 4 | 25,056 | 24,035 | 122 | 128 | 4,796 | 5,012 |
| 5 - 14 | 73,389 | 69,995 | 403 | 445 | 16,016 | 17,694 |
| 15 - 24 | 78,549 | 74,881 | 130 | 176 | 5,192 | 7,007 |
| 25 - 44 | 135,601 | 135,556 | 16 | 33 | 538 | 1,152 |
| 45 - 64 | 116,891 | 114,664 | 29 | 32 | 758 | 826 |
| 65 and over | 64,045 | 83,495 | 20 | 41 | 518 | 1,074 |
| **All Beneficiaries** | **499,476** | **508,277** | **99** | **116** | **3,804** | **4,380** |
| **C. Chiropractors** | | | | | | |
| Under 1 | 5,945 | 5,651 | 71 | 63 | 950 | 856 |
| 1 - 4 | 25,056 | 24,035 | 53 | 48 | 743 | 651 |
| 5 - 14 | 73,389 | 69,995 | 143 | 139 | 1,845 | 1,791 |
| 15 - 24 | 78,549 | 74,881 | 332 | 547 | 3,919 | 6,520 |
| 25 - 44 | 135,601 | 135,556 | 882 | 1,297 | 10,210 | 15,506 |
| 45 - 64 | 116,891 | 114,664 | 1,105 | 1,518 | 12,629 | 17,314 |
| 65 and over | 64,045 | 83,495 | 717 | 775 | 8,196 | 8,915 |
| **All Beneficiaries** | **499,476** | **508,277** | **667** | **918** | **7,715** | **10,753** |
| **D. Dentists** | | | | | | |
| Under 1 | 5,945 | 5,651 | 1 | 2 | 187 | 255 |
| 1 - 4 | 25,056 | 24,035 | 1 | 2 | 58 | 73 |
| 5 - 14 | 73,389 | 69,995 | 12 | 17 | 751 | 944 |
| 15 - 24 | 78,549 | 74,881 | 23 | 36 | 2,115 | 2,873 |
| 25 - 44 | 135,601 | 135,556 | 13 | 21 | 939 | 1,481 |
| 45 - 64 | 116,891 | 114,664 | 20 | 27 | 1,486 | 1,894 |
| 65 and over | 64,045 | 83,495 | 12 | 12 | 866 | 871 |
| **All Beneficiaries** | **499,476** | **508,277** | **15** | **21** | **1,162** | **1,525** |

Notes: 1) Includes out-of-province services and costs.
2) Includes optometric and chiropractic services covered by the Supplementary Health Program.
3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.
4) Excludes payments for specialist and rural emergency coverage programs.
5) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

## Table 5
## Beneficiaries, Payments and Services by Dollar Value of Benefits

| Dollar Value of Benefits | 2002-03 Number of Beneficiaries | 2002-03 % of Beneficiaries | 2002-03 % of Payments | 2002-03 % of Services | 2003-04 Number of Beneficiaries | 2003-04 % of Beneficiaries | 2003-04 % of Payments | 2003-04 % of Services |
|---|---|---|---|---|---|---|---|---|
| **A. Physicians Only** | | | | | | | | |
| $ 0.00[1] | 154,637 | 15.1 | -- | <0.1 | 132,445 | 13.1 | -- | <0.1 |
| $ 0.01 - $ 25.00 | 76,392 | 7.5 | 0.5 | 0.7 | 70,976 | 7.0 | 0.4 | 0.6 |
| $ 25.01 - $ 50.00 | 80,695 | 7.9 | 1.0 | 1.4 | 78,457 | 7.8 | 0.9 | 1.3 |
| $ 50.01 - $ 100.00 | 140,860 | 13.7 | 3.3 | 4.6 | 139,904 | 13.9 | 3.1 | 4.3 |
| $100.01 - $ 250.00 | 246,116 | 24.0 | 12.5 | 16.3 | 243,942 | 24.2 | 11.8 | 15.3 |
| $250.01 - $ 500.00 | 155,691 | 15.2 | 17.1 | 19.8 | 162,353 | 16.1 | 16.9 | 19.6 |
| $500.01 - $1,000.00 | 96,760 | 9.4 | 21.1 | 21.3 | 100,943 | 10.0 | 20.8 | 21.3 |
| $1,000.01-$1,500.00 | 36,826 | 3.6 | 14.0 | 12.3 | 38,318 | 3.8 | 13.8 | 12.4 |
| $1,500.01-$2,000.00 | 16,945 | 1.7 | 9.1 | 7.7 | 18,092 | 1.8 | 9.2 | 7.8 |
| $2,000.01-$5,000.00 | 17,148 | 1.7 | 15.0 | 12.0 | 19,127 | 1.9 | 15.8 | 12.8 |
| Over $5,000.00 | 2,757 | 0.3 | 6.6 | 4.0 | 3,196 | 0.3 | 7.2 | 4.5 |
| **Total** | **1,024,827** | **100.0** | **100.0** | **100.0** | **1,007,753** | **100.0** | **100.0** | **100.0** |
| **B. Optometrists Only** | | | | | | | | |
| $ 0.00[1] | 925,177 | 90.3 | -- | <0.1 | 909,918 | 90.3 | -- | <0.1 |
| $ 0.01 - $ 25.00 | 2,290 | 0.2 | 1.1 | 2.1 | 2,288 | 0.2 | 1.1 | 2.1 |
| $ 25.01 - $ 50.00 | 87,402 | 8.5 | 85.2 | 79.4 | 85,415 | 8.5 | 84.7 | 78.7 |
| Over $50.00 | 9,958 | 1.0 | 13.7 | 18.6 | 10,132 | 1.0 | 14.2 | 19.2 |
| **Total** | **1,024,827** | **100.0** | **100.0** | **100.0** | **1,007,753** | **100.0** | **100.0** | **100.0** |
| **C. Chiropractors Only** | | | | | | | | |
| $ 0.00[1] | 917,877 | 89.6 | -- | 0.1 | 898,264 | 89.1 | -- | <0.1 |
| $ 0.01 - $ 25.00 | 31,760 | 3.1 | 5.9 | 5.5 | 33,160 | 3.3 | 6.3 | 5.9 |
| $ 25.01 - $ 50.00 | 21,812 | 2.1 | 8.9 | 8.8 | 22,239 | 2.2 | 9.2 | 9.2 |
| $ 50.01 - $ 100.00 | 25,307 | 2.5 | 19.6 | 20.0 | 25,626 | 2.5 | 19.8 | 20.1 |
| $100.01 - $ 250.00 | 21,181 | 2.1 | 35.4 | 36.1 | 21,977 | 2.2 | 36.3 | 37.2 |
| $250.01 - $ 500.00 | 5,601 | 0.5 | 20.2 | 20.2 | 5,296 | 0.5 | 19.0 | 19.0 |
| Over $500.00 | 1,289 | 0.1 | 10.0 | 9.3 | 1,191 | 0.1 | 9.5 | 8.5 |
| **Total** | **1,024,827** | **100.0** | **100.0** | **100.0** | **1,007,753** | **100.0** | **100.0** | **99.9** |

[1] The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes: 1) Includes out-of-province services and costs.
2) Includes optometric and chiropractic services covered by the Supplementary Health Program.
3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.
4) Excludes payments for specialist and rural emergency coverage programs.

## Table 6
## Physician Services and Payments by Age and Sex (In- and Out-of-Province)

| Age Groups | Sex | Population | | Per Cent | Average Per Person Insured | | Average Per Person Treated | | Average Payment |
|---|---|---|---|---|---|---|---|---|---|
| | | Insured[1] | Treated[2] | Treated | Services | Cost | Services | Cost | Per Service |
| Under 1 | M | 5,945 | 7,200 | 100.00 | 16.02 | 558.29 | 13.23 | 460.98 | 34.84 |
| | F | 5,651 | 6,904 | 100.00 | 14.77 | 496.37 | 12.09 | 406.29 | 33.61 |
| | T | 11,596 | 14,104 | 100.00 | 15.41 | 528.12 | 12.67 | 434.21 | 34.27 |
| 1 - 4 | M | 25,056 | 23,188 | 92.54 | 9.08 | 247.01 | 9.81 | 266.91 | 27.22 |
| | F | 24,035 | 22,066 | 91.81 | 8.34 | 231.29 | 9.09 | 251.92 | 27.72 |
| | T | 49,091 | 45,254 | 92.18 | 8.72 | 239.31 | 9.46 | 259.60 | 27.45 |
| 5 - 9 | M | 34,111 | 27,888 | 81.76 | 5.56 | 135.41 | 6.80 | 165.63 | 24.36 |
| | F | 32,752 | 26,680 | 81.46 | 5.26 | 124.91 | 6.45 | 153.33 | 23.76 |
| | T | 66,863 | 54,568 | 81.61 | 5.41 | 130.27 | 6.63 | 159.62 | 24.08 |
| 10 - 14 | M | 39,278 | 30,145 | 76.75 | 4.98 | 119.91 | 6.49 | 156.24 | 24.08 |
| | F | 37,243 | 28,592 | 76.77 | 4.74 | 113.76 | 6.17 | 148.18 | 24.00 |
| | T | 76,521 | 58,737 | 76.76 | 4.86 | 116.92 | 6.34 | 152.32 | 24.04 |
| 15 - 19 | M | 40,595 | 31,347 | 77.22 | 5.37 | 140.09 | 6.96 | 181.42 | 26.08 |
| | F | 38,586 | 34,073 | 88.30 | 8.91 | 228.38 | 10.09 | 258.63 | 25.63 |
| | T | 79,181 | 65,420 | 82.62 | 7.10 | 183.12 | 8.59 | 221.64 | 25.80 |
| 20 - 24 | M | 37,954 | 28,552 | 75.23 | 5.27 | 139.71 | 7.00 | 185.72 | 26.52 |
| | F | 36,295 | 34,837 | 95.98 | 13.13 | 360.97 | 13.68 | 376.08 | 27.49 |
| | T | 74,249 | 63,389 | 85.37 | 9.11 | 247.87 | 10.67 | 290.34 | 27.20 |
| 25 - 29 | M | 32,105 | 23,764 | 74.02 | 5.59 | 151.79 | 7.55 | 205.07 | 27.17 |
| | F | 31,350 | 29,855 | 95.23 | 15.19 | 443.94 | 15.96 | 466.17 | 29.22 |
| | T | 63,455 | 53,619 | 84.50 | 10.33 | 296.13 | 12.23 | 350.45 | 28.66 |
| 30 - 34 | M | 30,361 | 22,405 | 73.80 | 6.10 | 167.04 | 8.26 | 226.36 | 27.40 |
| | F | 30,500 | 27,803 | 91.16 | 14.21 | 415.92 | 15.59 | 456.27 | 29.27 |
| | T | 60,861 | 50,208 | 82.50 | 10.16 | 291.77 | 12.32 | 353.67 | 28.71 |
| 35 - 39 | M | 33,497 | 24,643 | 73.57 | 6.74 | 189.49 | 9.16 | 257.57 | 28.11 |
| | F | 34,063 | 29,688 | 87.16 | 11.80 | 335.57 | 13.54 | 385.02 | 28.44 |
| | T | 67,560 | 54,331 | 80.42 | 9.29 | 263.14 | 11.55 | 327.22 | 28.32 |
| 40 - 44 | M | 39,638 | 30,115 | 75.98 | 7.14 | 203.12 | 9.40 | 267.35 | 28.45 |
| | F | 39,643 | 35,312 | 89.07 | 11.85 | 332.11 | 13.30 | 372.85 | 28.04 |
| | T | 79,281 | 65,427 | 82.53 | 9.49 | 267.62 | 11.50 | 324.29 | 28.19 |
| 45 - 49 | M | 38,752 | 30,414 | 78.48 | 8.06 | 235.55 | 10.27 | 300.13 | 29.22 |
| | F | 37,865 | 34,180 | 90.27 | 12.28 | 350.78 | 13.61 | 388.60 | 28.56 |
| | T | 76,617 | 64,594 | 84.31 | 10.15 | 292.50 | 12.04 | 346.94 | 28.82 |
| 50 - 54 | M | 32,147 | 26,788 | 83.33 | 9.72 | 290.49 | 11.66 | 348.60 | 29.90 |
| | F | 31,015 | 28,871 | 93.09 | 13.84 | 394.74 | 14.86 | 424.06 | 28.53 |
| | T | 63,162 | 55,659 | 88.12 | 11.74 | 341.68 | 13.32 | 387.74 | 29.10 |
| 55 - 59 | M | 25,804 | 22,641 | 87.74 | 12.28 | 396.67 | 13.99 | 452.08 | 32.31 |
| | F | 25,184 | 24,141 | 95.86 | 15.40 | 456.58 | 16.06 | 476.31 | 29.65 |
| | T | 50,988 | 46,782 | 91.75 | 13.82 | 426.26 | 15.06 | 464.58 | 30.85 |
| 60 - 64 | M | 20,188 | 18,173 | 90.02 | 15.09 | 500.45 | 16.76 | 555.94 | 33.17 |
| | F | 20,600 | 19,554 | 94.92 | 16.60 | 503.59 | 17.49 | 530.52 | 30.33 |
| | T | 40,788 | 37,727 | 92.50 | 15.85 | 502.03 | 17.14 | 542.77 | 31.67 |
| 65 - 69 | M | 17,609 | 16,396 | 93.11 | 18.42 | 627.00 | 19.78 | 673.38 | 34.04 |
| | F | 18,734 | 17,804 | 95.04 | 18.97 | 593.39 | 19.96 | 624.39 | 31.28 |
| | T | 36,343 | 34,200 | 94.10 | 18.70 | 609.67 | 19.87 | 647.88 | 32.60 |
| 70 - 74 | M | 16,398 | 15,572 | 94.96 | 22.41 | 751.17 | 23.60 | 791.01 | 33.52 |
| | F | 18,349 | 17,627 | 96.07 | 20.94 | 664.68 | 21.80 | 691.90 | 31.74 |
| | T | 34,747 | 33,199 | 95.54 | 21.63 | 705.50 | 22.64 | 738.39 | 32.61 |
| 75 & Over | M | 30,038 | 31,006 | 100.00 | 29.06 | 890.99 | 28.15 | 863.18 | 30.66 |
| | F | 46,412 | 47,617 | 100.00 | 27.32 | 776.35 | 26.62 | 756.70 | 28.42 |
| | T | 76,450 | 78,623 | 100.00 | 28.00 | 821.39 | 27.23 | 798.69 | 29.33 |
| **Total all ages** | **M** | **499,476** | **410,237** | **82.13** | **9.63** | **286.50** | **11.72** | **348.82** | **29.75** |
| | **F** | **508,277** | **465,604** | **91.60** | **13.51** | **386.69** | **14.75** | **422.13** | **28.63** |
| | **T** | **1,007,753** | **875,841** | **86.91** | **11.59** | **337.03** | **13.33** | **387.79** | **29.09** |

[1] As at June 30, 2003.

[2] Population treated at anytime during the fiscal year.

**Note**: Excludes payments for specialist and rural emergency coverage programs and any lump sum payments made to the SMA due to delayed implementation of Payment Schedule amendments.

## Table 7
## Services by Type of Service

| Type of Service[1] | Number of Services (000's) 2002-03 | Number of Services (000's) 2003-04 | Number of Services Per 1,000 Beneficiaries 2002-03 | Number of Services Per 1,000 Beneficiaries 2003-04 | Per Cent Change 2002-03 to 2003-04 |
|---|---|---|---|---|---|
| **In-Province Physician Services** | **11,019.9** | **11,160.8** | **10,753** | **11,075** | **2.99** |
| Consultations | 470.4 | 469.9 | 459 | 466 | 1.60 |
| Major Assessments | 408.1 | 409.2 | 398 | 406 | 1.98 |
| Other Assessments | 4,496.4 | 4,569.6 | 4,387 | 4,534 | 3.35 |
| Psychotherapy | 345.8 | 341.9 | 337 | 339 | 0.54 |
| | **5,720.6** | **5,790.6** | **5,582** | **5,746** | **2.94** |
| Hospital Care | **508.8** | **534.2** | **497** | **530** | **6.77** |
| Special Calls and Emergency | **893.9** | **900.4** | **872** | **893** | **2.43** |
| Major Surgery | 108.1 | 106.3 | 105 | 105 | -0.01 |
| Minor Surgery | 221.7 | 225.0 | 216 | 223 | 3.20 |
| Surgical Assistance | 102.4 | 116.5 | 100 | 116 | 15.64 |
| Obstetrics | 24.4 | 23.5 | 24 | 23 | -1.94 |
| Anaesthesia | 588.6 | 576.7 | 574 | 572 | -0.36 |
| | **1,045.2** | **1,048.0** | **1,020** | **1,040** | **1.96** |
| Diagnostic Radiology | 260.7 | 258.7 | 254 | 257 | 0.93 |
| Laboratory Services | 538.5 | 458.9 | 525 | 455 | -13.33 |
| Other Diagnostic and Therapeutic Services | 1,480.5 | 1,514.1 | 1,445 | 1,502 | 4.00 |
| Special and Miscellaneous Services | 571.7 | 655.9 | 558 | 651 | 16.67 |
| | **2,851.3** | **2,887.6** | **2,782** | **2,865** | **2.99** |
| **In-Province Dental Services** | **18.5** | **18.3** | **18** | **18** | **0.83** |
| **In-Province Optometric Services** | **107.6** | **106.3** | **105** | **105** | **0.42** |
| Refractions by Optometrists | 95.7 | 94.1 | 93 | 93 | -0.04 |
| Other Optometric Services | 11.9 | 12.2 | 12 | 12 | 4.11 |
| **In-Province Chiropractic Services** | **793.5** | **777.9** | **774** | **772** | **-0.30** |
| Chiropractic Visit Services | 791.5 | 776.7 | 772 | 771 | -0.20 |
| Chiropractic X-Ray Services | 2.0 | 1.2 | 2 | 1 | -38.23 |
| **Out-of-Province Services** | | | | | |
| Physician Services | 464.0 | 515.1 | 453 | 511 | 12.88 |
| Dental Services | 0.1 | 0.1 | -- | -- | -- |
| Optometric Services | 2.7 | 2.5 | 3 | 2 | -4.78 |
| Chiropractic Services | 22.1 | 21.9 | 22 | 22 | 0.65 |
| **All Services** | **12,428.3** | **12,602.8** | **12,127** | **12,506** | **3.12** |

[1] The "Introductory Notes", page 12, describe inclusions in these classifications.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) The "Highlights", page 4, describe program changes.

## Table 8
## Payments by Type of Service

| Type of Service[1] | Dollar Payments (000's) 2002-03 | Dollar Payments (000's) 2003-04 | Dollar Payments Per 1,000 Beneficiaries 2002-03 | Dollar Payments Per 1,000 Beneficiaries 2003-04 | Per Cent Change 2002-03 to 2003-04 |
|---|---|---|---|---|---|
| **In-Province Physician Services** | **309,602** | **325,502** | **302,102** | **322,997** | **6.92** |
| Consultations | 32,631 | 33,837 | 31,840 | 33,577 | 5.45 |
| Major Assessments | 19,033 | 19,977 | 18,572 | 19,824 | 6.74 |
| Other Assessments | 102,475 | 109,931 | 99,992 | 109,086 | 9.09 |
| Psychotherapy | 9,712 | 10,151 | 9,477 | 10,073 | 6.29 |
| | **163,850** | **173,897** | **159,881** | **172,559** | **7.93** |
| Hospital Care | **9,945** | **10,468** | **9,704** | **10,388** | **7.04** |
| Special Calls and Emergency | **13,261** | **13,491** | **12,940** | **13,387** | **3.46** |
| Major Surgery | 30,632 | 31,127 | 29,890 | 30,887 | 3.34 |
| Minor Surgery | 5,123 | 5,346 | 4,999 | 5,305 | 6.13 |
| Surgical Assistance | 4,975 | 5,734 | 4,854 | 5,690 | 17.22 |
| Obstetrics | 5,345 | 5,461 | 5,216 | 5,419 | 3.90 |
| Anaesthesia | 16,636 | 16,838 | 16,233 | 16,709 | 2.93 |
| | **62,711** | **64,507** | **61,191** | **64,010** | **4.61** |
| Diagnostic Radiology | 10,098 | 10,110 | 9,854 | 10,032 | 1.81 |
| Laboratory Services | 1,781 | 1,390 | 1,738 | 1,379 | -20.64 |
| Other Diagnostic and Therapeutic Services | 37,708 | 40,806 | 36,794 | 40,493 | 10.05 |
| Special and Miscellaneous Services[2] | 10,248 | 10,834 | 9,999 | 10,750 | 7.51 |
| | **59,835** | **63,139** | **58,386** | **62,654** | **7.31** |
| **In-Province Dental Services** | **1,264** | **1,346** | **1,234** | **1,336** | **8.27** |
| **In-Province Optometric Services** | **3,997** | **4,026** | **3,900** | **3,995** | **2.43** |
| Refractions by Optometrists | 3,829 | 3,849 | 3,736 | 3,819 | 2.21 |
| Other Optometric Services | 168 | 177 | 164 | 176 | 7.27 |
| **In-Province Chiropractic Services** | **9,028** | **9,076** | **8,809** | **9,006** | **2.23** |
| Chiropractic Visit Services | 8,986 | 9,050 | 8,768 | 8,980 | 2.42 |
| Chiropractic X-Ray Services | 42 | 26 | 41 | 26 | -36.95 |
| **Out-of-Province Services** | | | | | |
| Physician Services | 17,744 | 19,953 | 17,314 | 19,799 | 14.35 |
| Dental Services | 27 | 9 | 26 | 9 | -64.52 |
| Optometric Services | 105 | 100 | 102 | 100 | -2.64 |
| Chiropractic Services | 241 | 243 | 235 | 241 | 2.72 |
| **All Services** | **342,007** | **360,254** | **333,722** | **357,483** | **7.12** |

[1] The "Introductory Notes", page 12, describe inclusions in these classifications.

[2] Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) The "Highlights", page 4, describe program changes.
3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.
4) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.
5) Payments for services in the United States have not been adjusted to reflect their value in Canadian funds.

## Table 9
## Average Payment Per Service by Type of Service and Type of Practitioner

| Type of Service[1] | 2002-03 General Practitioners ($) | 2002-03 Specialists ($) | 2002-03 All Practitioners ($) | 2003-04 General Practitioners ($) | 2003-04 Specialists ($) | 2003-04 All Practitioners ($) |
|---|---|---|---|---|---|---|
| **In-Province Physician Services** | **21.04** | **41.43** | **28.09** | **21.92** | **43.07** | **29.16** |
| Consultations | 46.29 | 70.31 | 69.37 | 49.45 | 73.08 | 72.01 |
| Major Assessments | 44.59 | 52.08 | 46.64 | 46.77 | 54.44 | 48.82 |
| Other Assessments | 22.54 | 25.67 | 22.79 | 23.74 | 27.56 | 24.06 |
| Psychotherapy | 22.72 | 38.67 | 28.09 | 23.80 | 41.12 | 29.69 |
| | **24.04** | **49.42** | **28.64** | **25.32** | **51.31** | **30.03** |
| Hospital Care | **20.69** | **17.97** | **19.55** | **20.58** | **18.17** | **19.60** |
| Special Calls and Emergency | **12.91** | **18.52** | **14.83** | **13.01** | **19.01** | **14.98** |
| Major Surgery | 171.87 | 288.91 | 283.37 | 179.76 | 299.12 | 292.87 |
| Minor Surgery | 16.51 | 46.68 | 23.11 | 17.26 | 45.17 | 23.76 |
| Surgical Assistance | 41.80 | 85.49 | 48.56 | 41.50 | 90.84 | 49.22 |
| Obstetrics | 252.77 | 196.14 | 219.10 | 266.68 | 210.77 | 232.16 |
| Anaesthesia | 24.29 | 28.79 | 28.26 | 25.53 | 29.69 | 29.20 |
| | **33.54** | **72.99** | **60.00** | **34.50** | **75.33** | **61.55** |
| Diagnostic Radiology | -- | 38.74 | 38.74 | -- | 39.08 | 39.08 |
| Laboratory Services | 2.93 | 5.69 | 3.31 | 2.91 | 4.79 | 3.03 |
| Other Diagnostic and Therapeutic Services | 9.04 | 30.21 | 25.47 | 9.57 | 31.76 | 26.95 |
| Special and Miscellaneous Services[2] | 7.12 | 11.48 | 7.67 | 7.03 | 11.42 | 7.66 |
| | **6.11** | **29.63** | **18.93** | **6.32** | **31.26** | **19.85** |
| **In-Province Dental Services** | -- | -- | **68.39** | -- | -- | **73.43** |
| **In-Province Optometric Services** | -- | -- | **37.14** | -- | -- | **37.89** |
| Refractions by Optometrists | -- | -- | 40.00 | -- | -- | 40.91 |
| Other Optometric Services | -- | -- | 14.10 | -- | -- | 14.53 |
| **In-Province Chiropractic Services** | -- | -- | **11.38** | -- | -- | **11.67** |
| Chiropractic Visit Services | -- | -- | 11.35 | -- | -- | 11.65 |
| Chiropractic X-Ray Services | -- | -- | 21.00 | -- | -- | 21.44 |
| **Out-of-Province Services** | | | | | | |
| Physician Services | 33.21 | 42.08 | 38.24 | 33.66 | 42.48 | 38.74 |
| Dental Services | -- | -- | 366.54 | -- | -- | 169.72 |
| Optometric Services | -- | -- | 39.20 | -- | -- | 40.08 |
| Chiropractic Services | -- | -- | 10.89 | -- | -- | 11.11 |
| **All Services** | **21.37** | **41.48** | **27.52** | **22.26** | **43.02** | **28.59** |

[1] The "Introductory Notes", page 12, describe inclusions in these classifications.

[2] Excludes payments for specialist and rural emergency coverage programs to avoid distortion.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) The "Highlights", page 4, describe program changes.
3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.
4) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

## Table 10
## Per Cent of Services and Payments by Type of Service

| Type of Service[1] | Per Cent of Total Services 2002-03 | Per Cent of Total Services 2003-04 | Per Cent of Total Payments 2002-03 | Per Cent of Total Payments 2003-04 |
|---|---|---|---|---|
| **In-Province Physician Services** | **88.67** | **88.56** | **90.52** | **90.35** |
| Consultations | 3.78 | 3.73 | 9.54 | 9.39 |
| Major Assessments | 3.28 | 3.25 | 5.57 | 5.55 |
| Other Assessments | 36.18 | 36.26 | 29.96 | 30.51 |
| Psychotherapy | 2.78 | 2.71 | 2.84 | 2.82 |
| | **46.03** | **45.95** | **47.91** | **48.27** |
| Hospital Care | **4.09** | **4.24** | **2.91** | **2.91** |
| Special Calls and Emergency | **7.19** | **7.14** | **3.88** | **3.74** |
| Major Surgery | 0.87 | 0.84 | 8.96 | 8.64 |
| Minor Surgery | 1.78 | 1.79 | 1.50 | 1.48 |
| Surgical Assistance | 0.82 | 0.92 | 1.45 | 1.59 |
| Obstetrics | 0.20 | 0.19 | 1.56 | 1.52 |
| Anaesthesia | 4.74 | 4.58 | 4.86 | 4.67 |
| | **8.41** | **8.32** | **18.34** | **17.91** |
| Diagnostic Radiology | 2.10 | 2.05 | 2.95 | 2.81 |
| Laboratory Services | 4.33 | 3.64 | 0.52 | 0.39 |
| Other Diagnostic and Therapeutic Services | 11.91 | 12.01 | 11.03 | 11.33 |
| Special and Miscellaneous Services[2] | 4.60 | 5.20 | 3.00 | 3.01 |
| | **22.94** | **22.91** | **17.50** | **17.53** |
| **In-Province Dental Services** | **0.15** | **0.15** | **0.37** | **0.37** |
| **In-Province Optometric Services** | **0.87** | **0.84** | **1.17** | **1.12** |
| Refractions by Optometrists | 0.77 | 0.75 | 1.12 | 1.07 |
| Other Optometric Services | 0.10 | 0.10 | 0.05 | 0.05 |
| **In-Province Chiropractic Services** | **6.38** | **6.17** | **2.64** | **2.52** |
| Chiropractic Visit Services | 6.37 | 6.16 | 2.63 | 2.51 |
| Chiropractic X-Ray Services | 0.02 | 0.01 | 0.01 | 0.01 |
| **Out-of-Province Services** | | | | |
| Physician Services | 3.73 | 4.09 | 5.19 | 5.54 |
| Dental Services | 0.00 | 0.00 | 0.01 | 0.00 |
| Optometrist Services | 0.02 | 0.02 | 0.03 | 0.03 |
| Chiropractic Services | 0.18 | 0.17 | 0.07 | 0.07 |
| **All Services** | **100.00** | **100.00** | **100.00** | **100.00** |

[1] The "Introductory Notes", page 12, describe inclusions in these classifications.

[2] Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) The "Highlights", page 4, describe program changes.
3) Excludes any lump sum payments made to the SMA for distribution to physicians due to delayed implementation of Payment Schedule amendments.
4) Excludes lump sum payments made to the dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule.

## Table 11
## Payments ($000's) for Out-of-Province Services by Location and Type of Practitioner

| Type of Practitioner | All Locations | Location of Services: Maritimes & Territories | Quebec | Ontario | Manitoba | Alberta | British Columbia | United States | Rest of the World |
|---|---|---|---|---|---|---|---|---|---|
| **General Practitioners** | **7,354.5** | **88.3** | **21.2** | **247.4** | **1,038.8** | **5,113.3** | **784.3** | **37.8** | **23.5** |
| **Specialists** | | | | | | | | | |
| Paediatricians and Medical Geneticists | 741.7 | 2.5 | 1.5 | 14.6 | 31.0 | 671.3 | 19.6 | 1.0 | 0.2 |
| Internists and Physiatrists | 1,728.7 | 14.6 | 5.7 | 85.4 | 98.9 | 1,359.3 | 97.5 | 64.9 | 2.5 |
| Neurologists | 142.2 | 1.0 | 1.9 | 6.7 | 22.6 | 88.2 | 7.4 | 14.4 | 0.0 |
| Psychiatrists | 706.8 | 2.6 | 3.1 | 35.7 | 24.6 | 591.8 | 47.9 | 0.9 | 0.2 |
| Dermatologists | 95.7 | 1.0 | 0.9 | 3.0 | 2.4 | 81.8 | 6.0 | 0.5 | 0.2 |
| Anaesthetists | 1,551.9 | 2.5 | 12.2 | 100.2 | 75.9 | 1,211.1 | 93.2 | 55.7 | 1.0 |
| General and Thoracic Surgeons | 2,195.1 | 4.3 | 6.3 | 49.4 | 79.5 | 1,876.1 | 56.8 | 120.2 | 2.4 |
| Orthopaedic Surgeons | 570.4 | 3.8 | 7.5 | 33.0 | 41.1 | 401.0 | 60.5 | 22.2 | 1.4 |
| Plastic and Reconstructive Surgeons | 249.2 | 0.3 | 3.0 | 18.5 | 10.9 | 189.9 | 14.0 | 12.6 | 0.0 |
| Neurological Surgeons | 177.6 | 0.2 | 5.1 | 50.6 | 11.1 | 61.4 | 10.5 | 38.8 | 0.0 |
| Obstetricians and Gynaecologists | 420.3 | 4.5 | 1.1 | 17.5 | 35.2 | 339.5 | 19.6 | 2.5 | 0.5 |
| Urological Surgeons | 154.7 | 1.1 | 1.1 | 10.4 | 11.5 | 108.0 | 8.4 | 14.0 | 0.2 |
| Ophthalmologists | 467.3 | 3.1 | 0.8 | 10.0 | 17.6 | 343.9 | 28.5 | 63.3 | 0.2 |
| Otolaryngologists | 345.2 | 1.0 | 0.3 | 6.8 | 5.0 | 264.1 | 18.0 | 50.0 | 0.0 |
| Pathologists | 2,056.3 | 0.1 | 0.3 | 51.8 | 19.1 | 1,892.3 | 85.3 | 6.9 | 0.4 |
| Diagnostic Radiologists | 1,102.9 | 2.0 | 1.1 | 39.6 | 79.5 | 907.0 | 28.9 | 44.3 | 0.4 |
| **All Physicians** | **20,060.5** | **132.7** | **72.9** | **780.7** | **1,604.7** | **15,499.9** | **1,386.5** | **550.0** | **33.2** |
| Dentists | 9.3 | 0.0 | 0.0 | 0.1 | 5.5 | 3.6 | 0.2 | 0.0 | 0.0 |
| Optometrists | 100.3 | 0.0 | 0.0 | 0.0 | 18.6 | 81.1 | 0.5 | 0.0 | 0.0 |
| Chiropractors | 243.1 | 0.1 | 0.1 | 4.2 | 87.6 | 143.9 | 5.4 | 1.6 | 0.1 |

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" on page 10.

3) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

## Table 12
## Payments ($000's) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories

| Type of Practitioner | All Locations | Home Province or Territory of Beneficiary: Newfoundland | PEI | Nova Scotia | New Brunswick | Ontario | Manitoba | Alberta | British Columbia | NWT | Yukon | Nunavut |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **General Practitioners** | **2,659.3** | **21.1** | **3.4** | **31.4** | **18.8** | **227.2** | **739.7** | **1,159.6** | **412.9** | **26.4** | **11.6** | **7.3** |
| **Specialists** | | | | | | | | | | | | |
| Paediatricians and Medical Geneticists | 124.7 | 0.1 | 0.0 | 0.5 | 0.3 | 9.3 | 50.3 | 51.4 | 10.1 | 1.1 | 0.6 | 1.1 |
| Internists and Physiatrists | 352.3 | 0.8 | 0.0 | 2.6 | 2.7 | 34.6 | 111.8 | 145.3 | 50.2 | 3.0 | 0.7 | 0.6 |
| Neurologists | 35.5 | 0.3 | 0.0 | 0.0 | 0.2 | 2.4 | 14.4 | 12.1 | 5.0 | 0.5 | 0.2 | 0.2 |
| Cardiologists | 137.4 | 1.0 | 0.0 | 0.9 | 0.5 | 18.8 | 54.9 | 34.1 | 25.5 | 0.8 | 0.4 | 0.5 |
| Psychiatrists | 111.7 | 0.7 | 0.0 | 0.6 | 0.9 | 9.0 | 17.2 | 50.0 | 26.3 | 3.1 | 1.8 | 2.0 |
| Dermatologists | 18.1 | 0.1 | 0.0 | 0.3 | 0.2 | 1.4 | 7.2 | 5.8 | 2.5 | 0.4 | 0.0 | 0.1 |
| Anaesthetists | 263.1 | 1.3 | 0.0 | 1.0 | 0.3 | 15.3 | 100.6 | 108.7 | 30.3 | 4.1 | 0.9 | 0.7 |
| General Surgeons | 213.6 | 0.4 | 0.1 | 0.4 | 0.3 | 10.7 | 95.7 | 77.5 | 26.1 | 2.3 | 0.1 | 0.1 |
| Cardiac Surgeons | 56.1 | 0.0 | 0.0 | 0.0 | 0.0 | 3.2 | 30.9 | 14.6 | 6.9 | 0.1 | 0.5 | 0.0 |
| Orthopaedic Surgeons | 163.9 | 0.5 | 0.0 | 1.0 | 3.0 | 10.4 | 49.5 | 79.5 | 18.4 | 1.0 | 0.4 | 0.2 |
| Plastic and Reconstructive Surgeons | 53.8 | 0.1 | 0.1 | 0.0 | 1.2 | 4.0 | 14.7 | 26.9 | 6.0 | 0.6 | 0.0 | 0.3 |
| Neurological Surgeons | 50.8 | 0.2 | 0.0 | 1.0 | 0.1 | 3.6 | 21.3 | 20.1 | 4.5 | 0.1 | 0.0 | 0.0 |
| Obstetricians and Gynaecologists | 375.0 | 0.9 | 0.0 | 2.5 | 2.2 | 15.0 | 214.0 | 110.3 | 23.4 | 3.4 | 0.8 | 2.3 |
| Urological Surgeons | 121.0 | 1.2 | 0.2 | 0.2 | 0.0 | 4.0 | 81.0 | 23.5 | 9.9 | 1.0 | 0.0 | 0.0 |
| Ophthalmologists | 424.6 | 1.9 | 0.0 | 0.1 | 0.6 | 6.2 | 368.0 | 33.0 | 12.5 | 1.2 | 1.0 | 0.0 |
| Otolaryngologists | 166.1 | 0.1 | 0.0 | 0.6 | 0.0 | 2.8 | 37.3 | 120.8 | 4.0 | 0.4 | 0.0 | 0.1 |
| Pathologists | 129.6 | 0.6 | 0.0 | 0.8 | 0.8 | 19.0 | 21.4 | 63.1 | 21.6 | 1.0 | 0.6 | 0.6 |
| Diagnostic Radiologists | 254.9 | 1.4 | 0.3 | 2.3 | 0.5 | 16.8 | 49.8 | 147.8 | 30.1 | 4.1 | 0.9 | 1.1 |
| **All Physicians** | **5,711.4** | **32.6** | **4.2** | **46.0** | **32.6** | **413.8** | **2,079.8** | **2,284.0** | **726.2** | **54.6** | **20.5** | **17.2** |

Notes: 1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" on page 10.

2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan physician Payment Schedule rates.

## Table 13a
## Payments ($000's) for Out-of-Province Hospital Services by Location and Type of Care

| | All Locations | Location of Services: Maritimes & Territories | Quebec | Ontario | Manitoba | Alberta | British Columbia | United States | Rest of the World |
|---|---|---|---|---|---|---|---|---|---|
| **Inpatient Treatment – High Cost Procedures** | | | | | | | | | |
| Intermediate/Complex Cardiovascular Paediatric | **1,748.7** | 0.0 | 0.0 | 0.0 | 0.0 | 1,748.7 | 0.0 | 0.0 | 0.0 |
| Liver Transplant | **1,318.4** | 0.0 | 0.0 | 247.2 | 0.0 | 1,071.2 | 0.0 | 0.0 | 0.0 |
| Cardiac Surgery with or without Valve Replacement | **775.9** | 12.1 | 0.0 | 140.0 | 0.0 | 615.3 | 8.5 | 0.0 | 0.0 |
| Bone Marrow/Stem Cell Transplant | **740.5** | 0.0 | 0.0 | 0.0 | 253.0 | 398.1 | 89.4 | 0.0 | 0.0 |
| Defibrillator Pacemaker Implantation | **635.1** | 0.0 | 0.0 | 0.0 | 0.0 | 635.1 | 0.0 | 0.0 | 0.0 |
| Lung Transplant | **555.6** | 0.0 | 0.0 | 0.0 | 111.1 | 444.5 | 0.0 | 0.0 | 0.0 |
| Cochlear Implant | **521.4** | 0.0 | 0.0 | 0.0 | 0.0 | 55.3 | 0.0 | 466.1 | 0.0 |
| Cardiac Catheterization with or without Stent(s) | **435.1** | 0.0 | 0.0 | 60.0 | 21.1 | 339.5 | 14.5 | 0.0 | 0.0 |
| Heart Transplant | **376.1** | 0.0 | 0.0 | 0.0 | 0.0 | 376.1 | 0.0 | 0.0 | 0.0 |
| Special Out-of-Country | **177.7** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 177.7 | 0.0 |
| Other Pacemaker Insertion or Replacement | **108.6** | 0.0 | 0.0 | 35.0 | 12.7 | 47.8 | 13.1 | 0.0 | 0.0 |
| Kidney Transplant | **78.0** | 0.0 | 0.0 | 0.0 | 0.0 | 78.0 | 0.0 | 0.0 | 0.0 |
| **Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis** | | | | | | | | | |
| I. Infectious & Parasitic Diseases | **662.3** | 0.0 | 28.6 | 66.2 | 2.8 | 512.6 | 46.6 | 1.8 | 3.7 |
| II. Neoplasms | **2,341.0** | 0.0 | 6.3 | 288.6 | 272.5 | 1,662.9 | 97.4 | 13.1 | 0.1 |
| III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders | **521.3** | 0.8 | 0.0 | 1.6 | 37.6 | 470.1 | 10.0 | 1.1 | 0.0 |
| IV. Diseases of Blood & Blood-Forming Organs | **385.0** | 17.3 | 3.7 | 0.0 | 77.4 | 279.0 | 7.5 | 0.0 | 0.0 |
| V. Mental Disorders | **1,335.2** | 36.9 | 24.8 | 158.9 | 166.5 | 881.9 | 64.4 | 1.9 | 0.0 |
| VI. Diseases of the Nervous System & Sense Organs | **653.9** | 0.0 | 25.6 | 112.6 | 5.8 | 481.1 | 28.6 | 0.2 | 0.0 |
| VII. Diseases of the Circulatory System | **3,381.9** | 20.4 | 5.6 | 465.1 | 186.5 | 2,520.6 | 164.8 | 16.2 | 2.8 |
| VIII. Diseases of the Respiratory System | **1,185.8** | 0.0 | 2.1 | 99.8 | 107.3 | 930.3 | 38.6 | 3.2 | 4.6 |
| IX. Diseases of the Digestive System | **2,283.5** | 27.1 | 5.7 | 202.5 | 133.1 | 1,789.1 | 117.9 | 6.1 | 2.1 |
| X. Diseases of the Genitourinary System | **961.7** | 0.0 | 7.0 | 78.4 | 92.2 | 732.3 | 50.6 | 0.6 | 0.6 |
| XI. Complications of Pregnancy, Childbirth & the Puerperium | **695.0** | 10.6 | 1.3 | 54.9 | 198.9 | 393.3 | 34.6 | 0.4 | 0.9 |
| XII. Diseases of the Skin & Subcutaneous Tissue | **284.5** | 9.8 | 1.8 | 48.7 | 15.7 | 201.7 | 5.6 | 1.1 | 0.0 |
| XIII. Diseases of the Musculoskeletal System & Connective Tissue | **1,102.9** | 18.5 | 23.0 | 86.3 | 58.8 | 856.6 | 58.6 | 0.5 | 0.7 |
| XIV. Congenital Anomalies | **1,092.1** | 0.0 | 15.2 | 252.8 | 49.9 | 774.2 | 0.0 | 0.0 | 0.0 |
| XV. Certain Conditions Originating in the Perinatal Period | **867.5** | 0.0 | 0.0 | 2.5 | 178.0 | 446.4 | 239.1 | 0.0 | 1.5 |
| XVI. Symptoms, Signs, & Ill-defined Conditions | **1,345.2** | 2.8 | 0.0 | 161.1 | 60.2 | 1,099.8 | 15.3 | 2.8 | 3.3 |
| XVII. Injury and Poisoning (Nature) | **3,076.0** | 12.0 | 13.7 | 270.4 | 161.8 | 2,349.7 | 253.3 | 7.9 | 7.2 |
| Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services | **1,610.6** | 75.2 | 87.3 | 120.5 | 189.3 | 1,007.4 | 130.7 | 0.2 | 0.0 |
| **Outpatient Treatment** | | | | | | | | | |
| Standard Outpatient Visit | **4,210.6** | 125.5 | 41.4 | 234.6 | 514.7 | 2,794.3 | 463.9 | 30.3 | 5.9 |
| Day Care Surgery | **587.0** | 6.4 | 5.6 | 32.4 | 113.2 | 392.0 | 36.2 | 1.0 | 0.2 |
| Haemodialysis | **72.1** | 0.2 | 1.3 | 1.3 | 31.2 | 22.2 | 10.8 | 0.2 | 4.8 |
| Computerized Axial Tomography | **221.7** | 1.2 | 3.2 | 11.6 | 47.8 | 139.4 | 18.4 | 0.1 | 0.0 |
| Magnetic Resonance Imaging (MRI) | **189.1** | 0.0 | 4.6 | 18.3 | 15.1 | 139.3 | 11.1 | 0.7 | 0.0 |
| Cancer Chemotherapy Visit | **266.3** | 0.0 | 0.0 | 2.8 | 1.1 | 248.2 | 14.2 | 0.0 | 0.0 |
| Special Out-of-Country | **330.2** | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 330.2 | 0.0 |
| Other Outpatient Treatment | **902.2** | 1.3 | 2.2 | 21.3 | 146.7 | 596.0 | 134.6 | 0.1 | 0.0 |
| **Total** | **38,035.7** | **378.3** | **310.0** | **3,275.3** | **3,262.1** | **27,530.1** | **2,178.1** | **1,063.4** | **38.4** |

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.
3) Although all Cochlear Implants are performed in Alberta, payment for the device itself is made to the United States.
4) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

## Table 13b
## Number of Out-of-Province Hospital Cases by Location and Type of Care

| | All Locations | Location of Services: Maritimes & Territories | Quebec | Ontario | Manitoba | Alberta | British Columbia | United States | Rest of the World |
|---|---|---|---|---|---|---|---|---|---|
| **Inpatient Treatment -- High Cost Procedures -- Cases** | | | | | | | | | |
| Intermediate/Complex Cardiovascular Paediatric | 50 | 0 | 0 | 0 | 0 | 50 | 0 | 0 | 0 |
| Liver Transplant | 16 | 0 | 0 | 3 | 0 | 13 | 0 | 0 | 0 |
| Cardiac Surgery with or without Valve Replacement | 65 | 1 | 0 | 8 | 0 | 55 | 1 | 0 | 0 |
| Bone Marrow/Stem Cell Transplant | 6 | 0 | 0 | 0 | 1 | 4 | 1 | 0 | 0 |
| Defibrillator Pacemaker Implantation | 21 | 0 | 0 | 0 | 0 | 21 | 0 | 0 | 0 |
| Lung Transplant | 5 | 0 | 0 | 0 | 1 | 4 | 0 | 0 | 0 |
| Cochlear Implant | 16 | 0 | 0 | 0 | 0 | 16 | 0 | 0 | 0 |
| Cardiac Catheterization with or without Stent(s) | 49 | 0 | 0 | 1 | 3 | 41 | 4 | 0 | 0 |
| Heart Transplant | 5 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 |
| Special Out-of-Country | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 |
| Other Pacemaker Insertion or Replacement | 12 | 0 | 0 | 4 | 1 | 6 | 1 | 0 | 0 |
| Kidney Transplant | 4 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| **Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases** | | | | | | | | | |
| I. Infectious & Parasitic Diseases | 80 | 0 | 1 | 9 | 3 | 36 | 10 | 4 | 17 |
| II. Neoplasms | 241 | 0 | 1 | 29 | 21 | 170 | 16 | 3 | 1 |
| III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders | 75 | 1 | 0 | 2 | 10 | 55 | 3 | 3 | 1 |
| IV. Diseases of Blood & Blood-Forming Organs | 45 | 1 | 1 | 0 | 4 | 35 | 4 | 0 | 0 |
| V. Mental Disorders | 165 | 5 | 1 | 21 | 23 | 97 | 15 | 3 | 0 |
| VI. Diseases of the Nervous System & Sense Organs | 133 | 0 | 1 | 8 | 3 | 106 | 14 | 1 | 0 |
| VII. Diseases of the Circulatory System | 531 | 7 | 1 | 52 | 36 | 331 | 48 | 52 | 4 |
| VIII. Diseases of the Respiratory System | 341 | 0 | 2 | 13 | 43 | 242 | 21 | 9 | 11 |
| IX. Diseases of the Digestive System | 509 | 4 | 3 | 47 | 50 | 349 | 34 | 15 | 7 |
| X. Diseases of the Genitourinary System | 210 | 0 | 1 | 16 | 23 | 144 | 16 | 5 | 5 |
| XI. Complications of Pregnancy, Childbirth & the Puerperium | 324 | 3 | 2 | 23 | 80 | 189 | 20 | 2 | 5 |
| XII. Diseases of the Skin & Subcutaneous Tissue | 45 | 2 | 1 | 5 | 5 | 26 | 2 | 4 | 0 |
| XIII. Diseases of the Musculoskeletal System & Connective Tissue | 204 | 2 | 3 | 14 | 26 | 140 | 16 | 2 | 1 |
| XIV. Congenital Anomalies | 84 | 0 | 2 | 19 | 4 | 59 | 0 | 0 | 0 |
| XV. Certain Conditions Originating in the Perinatal Period | 105 | 0 | 0 | 4 | 21 | 70 | 9 | 0 | 1 |
| XVI. Symptoms, Signs, & Ill-defined Conditions | 314 | 1 | 0 | 29 | 24 | 218 | 10 | 19 | 13 |
| XVII. Injury and Poisoning (Nature) | 552 | 4 | 4 | 38 | 52 | 362 | 55 | 17 | 20 |
| Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services | 580 | 3 | 2 | 24 | 62 | 454 | 34 | 1 | 0 |
| **Outpatient Treatment -- Services** | | | | | | | | | |
| Standard Outpatient Visit | 39,669 | 1,192 | 393 | 2,225 | 4,788 | 25,771 | 4,502 | 662 | 136 |
| Day Care Surgery | 1,532 | 16 | 14 | 87 | 313 | 989 | 101 | 10 | 2 |
| Haemodialysis | 314 | 1 | 6 | 6 | 145 | 103 | 49 | 3 | 1 |
| Computerized Axial Tomography | 1,130 | 6 | 18 | 62 | 243 | 703 | 97 | 1 | 0 |
| Magnetic Resonance Imaging (MRI) | 296 | 0 | 7 | 29 | 23 | 218 | 18 | 1 | 0 |
| Cancer Chemotherapy Visit | 413 | 1 | 0 | 2 | 4 | 387 | 19 | 0 | 0 |
| Special Out-of-Country | 57 | 0 | 0 | 0 | 0 | 0 | 0 | 57 | 0 |
| Other Outpatient Treatment | 2,974 | 42 | 69 | 117 | 383 | 1,965 | 396 | 2 | 0 |
| **Total** | **51,177** | **1,292** | **533** | **2,897** | **6,395** | **33,438** | **5,516** | **881** | **225** |

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Although all Cochlear Implants are performed in Alberta, the devices are purchased from the United States.
3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
4) Inpatient MRIs are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

## Table 14a
## Payments ($000's) for Out-of-Province Residents Hospitalized in Saskatchewan By Place of Residence and Type of Care

| | All Locations | Home Province or Territory of Beneficiary | | | | | |
|---|---|---|---|---|---|---|---|
| | | Maritimes & Territories | Quebec | Ontario | Manitoba | Alberta | British Columbia |
| **Inpatient Treatment – High Cost Procedures** | | | | | | | |
| Cardiac Catheterization with or without Stent(s) | 243.3 | 13.1 | 0.0 | 43.2 | 58.1 | 75.1 | 53.9 |
| Cardiac Surgery with or without Valve Replacement | 166.0 | 0.0 | 0.0 | 8.6 | 98.9 | 45.9 | 12.6 |
| Pacemaker Insertion or Replacement | 104.8 | 46.0 | 0.0 | 0.0 | 58.8 | 0.0 | 0.0 |
| **Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis** | | | | | | | |
| I. Infectious & Parasitic Diseases | 261.3 | 0.0 | 0.0 | 43.9 | 58.8 | 104.0 | 54.6 |
| II. Neoplasms | 536.5 | 1.0 | 0.0 | 22.2 | 309.8 | 104.8 | 98.8 |
| III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders | 172.4 | 0.0 | 0.0 | 0.0 | 48.3 | 97.7 | 26.4 |
| IV. Diseases of Blood and Blood-Forming Organs | 37.0 | 0.0 | 0.0 | 3.6 | 18.1 | 12.7 | 2.6 |
| V. Mental Disorders | 1,735.3 | 31.6 | 8.3 | 93.0 | 148.6 | 1,144.8 | 309.0 |
| VI. Diseases of the Nervous System & Sense Organs | 152.9 | 1.6 | 1.9 | 11.0 | 54.2 | 77.6 | 6.5 |
| VII. Diseases of the Circulatory System | 1,010.4 | 24.2 | 17.0 | 119.0 | 341.5 | 233.3 | 275.5 |
| VIII. Diseases of the Respiratory System | 761.1 | 22.5 | 8.4 | 60.1 | 260.7 | 296.2 | 113.3 |
| IX. Diseases of the Digestive System | 848.7 | 22.9 | 8.1 | 31.9 | 295.0 | 357.7 | 133.1 |
| X. Diseases of the Genitourinary System | 450.3 | 2.3 | 2.6 | 13.7 | 243.8 | 135.8 | 52.1 |
| XI. Complications of Pregnancy, Childbirth & the Puerperium | 636.6 | 48.6 | 0.0 | 26.8 | 294.2 | 192.5 | 74.5 |
| XII. Diseases of the Skin and Subcutaneous Tissue | 57.7 | 1.0 | 0.0 | 3.5 | 26.1 | 18.1 | 9.0 |
| XIII. Diseases of the Musculoskeletal System & Connective Tissue | 343.9 | 0.0 | 0.0 | 3.2 | 141.5 | 159.1 | 40.1 |
| XIV. Congenital Anomalies | 15.1 | 0.0 | 0.0 | 0.0 | 10.7 | 4.4 | 0.0 |
| XV. Certain Conditions Originating in the Perinatal Period | 183.5 | 10.7 | 0.0 | 18.9 | 77.7 | 73.1 | 3.0 |
| XVI. Symptoms, Signs, and Ill-defined Conditions | 260.5 | 10.1 | 2.2 | 25.0 | 78.6 | 97.1 | 47.4 |
| XVII. Injury and Poisoning (Nature) | 1,238.1 | 24.6 | 4.0 | 141.8 | 408.2 | 484.2 | 175.2 |
| Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services | 431.0 | 4.3 | 0.0 | 22.0 | 267.7 | 101.1 | 35.8 |
| **Outpatient Treatment** | | | | | | | |
| Standard Outpatient Visit | 2,489.5 | 106.6 | 24.9 | 192.4 | 776.3 | 1,024.4 | 365.0 |
| Day Care Surgery | 473.2 | 6.0 | 0.4 | 8.0 | 348.8 | 96.4 | 13.6 |
| Haemodialysis | 84.9 | 0.0 | 0.4 | 0.7 | 13.6 | 22.4 | 47.7 |
| Computerized Axial Tomography | 47.0 | 4.2 | 0.2 | 2.0 | 15.0 | 16.8 | 8.8 |
| Magnetic Resonance Imaging (MRI) | 50.4 | 2.0 | 0.0 | 1.3 | 28.2 | 13.8 | 5.2 |
| Cancer Chemotherapy Visit | 60.2 | 0.0 | 0.0 | 1.2 | 41.4 | 13.0 | 4.6 |
| Other Outpatient Treatment | 70.2 | 1.3 | 0.2 | 2.4 | 37.3 | 13.2 | 15.6 |
| **Total** | **12,921.6** | **384.6** | **78.7** | **899.4** | **4,559.8** | **5,015.2** | **1,983.9** |

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

## Table 14b
## Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care

| | All Locations | Home Province or Territory of Beneficiary | | | | | |
|---|---|---|---|---|---|---|---|
| | | Maritimes & Territories | Quebec | Ontario | Manitoba | Alberta | British Columbia |
| **Inpatient Treatment – High Cost Procedures – Cases** | | | | | | | |
| Cardiac Catheterization with or without Stent(s) | 29 | 2 | 0 | 6 | 6 | 8 | 7 |
| Cardiac Surgery with or without Valve Replacement | 11 | 0 | 0 | 1 | 6 | 3 | 1 |
| Pacemaker Insertion or Replacement | 8 | 1 | 0 | 0 | 7 | 0 | 0 |
| **Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis – Cases** | | | | | | | |
| I. Infectious & Parasitic Diseases | 53 | 0 | 0 | 6 | 17 | 21 | 9 |
| II. Neoplasms | 123 | 1 | 0 | 4 | 83 | 21 | 14 |
| III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders | 49 | 0 | 0 | 0 | 13 | 29 | 7 |
| IV. Diseases of Blood and Blood-Forming Organs | 17 | 0 | 0 | 1 | 6 | 8 | 2 |
| V. Mental Disorders | 219 | 8 | 1 | 11 | 27 | 133 | 39 |
| VI. Diseases of the Nervous System & Sense Organs | 55 | 1 | 1 | 3 | 33 | 14 | 3 |
| VII. Diseases of the Circulatory System | 247 | 9 | 4 | 34 | 79 | 65 | 56 |
| VIII. Diseases of the Respiratory System | 254 | 7 | 4 | 22 | 75 | 116 | 30 |
| IX. Diseases of the Digestive System | 272 | 7 | 3 | 17 | 95 | 114 | 36 |
| X. Diseases of the Genitourinary System | 186 | 3 | 2 | 8 | 101 | 49 | 23 |
| XI. Complications of Pregnancy, Childbirth & the Puerperium | 276 | 16 | 0 | 11 | 134 | 92 | 23 |
| XII. Diseases of the Skin and Subcutaneous Tissue | 20 | 1 | 0 | 2 | 7 | 6 | 4 |
| XIII. Diseases of the Musculoskeletal System & Connective Tissue | 94 | 0 | 0 | 3 | 40 | 41 | 10 |
| XIV. Congenital Anomalies | 9 | 0 | 0 | 0 | 5 | 4 | 0 |
| XV. Certain Conditions Originating in the Perinatal Period | 63 | 3 | 0 | 2 | 41 | 16 | 1 |
| XVI. Symptoms, Signs, and Ill-defined Conditions | 152 | 8 | 1 | 11 | 42 | 66 | 24 |
| XVII. Injury and Poisoning (Nature) | 327 | 10 | 3 | 35 | 104 | 138 | 37 |
| Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services | 229 | 4 | 0 | 8 | 128 | 71 | 18 |
| **Outpatient Treatment – Services** | | | | | | | |
| Standard Outpatient Visit | 22,805 | 992 | 227 | 1,783 | 7,080 | 9,404 | 3,319 |
| Day Care Surgery | 1,185 | 15 | 1 | 20 | 873 | 242 | 34 |
| Haemodialysis | 410 | 0 | 2 | 3 | 62 | 126 | 217 |
| Computerized Axial Tomography | 236 | 21 | 1 | 10 | 76 | 84 | 44 |
| Magnetic Resonance Imaging (MRI) | 77 | 3 | 0 | 2 | 43 | 21 | 8 |
| Cancer Chemotherapy Visit | 71 | 0 | 0 | 1 | 49 | 16 | 5 |
| Other Outpatient Treatment | 1,076 | 43 | 7 | 81 | 383 | 368 | 194 |
| **Total** | **28,553** | **1,155** | **257** | **2,085** | **9,615** | **11,276** | **4,165** |

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Inpatient MRIs are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

## Table 15
## In-Province Physician Services by Type of Service and Type of Physician

| Type of Service[1] (000'S) | Type of Physician | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | General Practitioners | Paediatricians and Medical Geneticists | Internists and Physiatrists | Neurologists | Cardiologists | Psychiatrists | Dermatologists | General Surgeons | Cardiac Surgeons |
| Visits | | | | | | | | | |
| Consultations | 21.5 | 28.3 | 95.3 | 23.1 | 18.8 | 8.4 | 17.1 | 55.1 | 2.5 |
| Special Eye Examination | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Major Assessments | 300.0 | 17.2 | 24.1 | 1.9 | 2.3 | 4.9 | 1.0 | 4.0 | 0.0 |
| Other Assessments | 4,194.2 | 37.1 | 63.9 | 3.2 | 7.2 | 13.9 | 14.0 | 37.7 | 1.4 |
| Hospital | | | | | | | | | |
| Newborn, Premature | 0.7 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other | 315.0 | 24.7 | 127.6 | 7.6 | 17.8 | 11.5 | 0.0 | 20.3 | 0.0 |
| Special Calls and Emergency | | | | | | | | | |
| Surcharges | 252.0 | 6.9 | 17.2 | 2.9 | 1.8 | 1.7 | 0.5 | 11.0 | 0.2 |
| Premiums | 352.2 | 14.1 | 50.6 | 2.8 | 11.4 | 4.3 | 0.2 | 12.7 | 1.3 |
| Psychotherapy | | | | | | | | | |
| Base Time[2] | 133.3 | 1.9 | 0.3 | 0.4 | 0.0 | 65.2 | 0.0 | 0.1 | 0.0 |
| Additional Time | 92.2 | 1.2 | 0.2 | 0.0 | 0.0 | 42.1 | 0.0 | 0.1 | 0.0 |
| Major Surgery | 5.6 | 0.0 | 0.2 | 0.3 | 0.0 | 0.0 | 0.1 | 16.4 | 6.9 |
| Minor Surgery | 172.5 | 0.4 | 0.4 | 0.0 | 0.1 | 0.0 | 18.0 | 8.0 | 0.1 |
| Surgical Assistance | 98.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 7.9 | 1.5 |
| Obstetrics | 9.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Anaesthesia | | | | | | | | | |
| Operative | 62.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Nerve Blocks & Epidurals | 5.5 | 0.0 | 0.2 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Diagnostic Radiology | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Pathology/ | | | | | | | | | |
| Laboratory Services | 430.0 | 0.5 | 0.3 | 0.0 | 0.0 | 0.0 | 0.2 | 0.0 | 0.0 |
| Diagnostic Ultrasound | 2.5 | 2.0 | 15.1 | 0.0 | 24.5 | 0.0 | 0.0 | 0.0 | 0.0 |
| Other Diagnostic and | | | | | | | | | |
| Therapeutic Services | 325.7 | 137.5 | 331.7 | 10.9 | 93.5 | 6.6 | 19.3 | 38.8 | 0.2 |
| Special Services | 155.9 | 0.2 | 0.2 | 0.0 | 0.0 | 0.0 | 1.3 | 16.2 | 0.0 |
| Miscellaneous Services[3] | 406.8 | 5.0 | 14.1 | 1.8 | 1.2 | 6.7 | 1.2 | 5.8 | 0.1 |
| **Total Services** | **7,335.7** | **277.4** | **741.3** | **55.1** | **178.5** | **165.3** | **72.9** | **234.0** | **14.1** |

[1] The "Introductory Notes", page 12, describe inclusions in these classifications.

[2] Represents the number of instances these types of services were provided during the year.

[3] This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel and includes the fee code for hospital discharge and documentation.

## Table 15
## (Continued)

| Type of Physician | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Ortho-paedic Surgeons | Plastic and Recon-structive Surgeons | Neuro-logical Surgeons | Obstetri-cians and Gynaeco-logists | Urological Surgeons | Ophthal-mologists | Otolaryn-gologists | Anaes-thetists | Pathologists and Diagnostic Radiologists | **Total Services** |
| 37.9 | 18.3 | 8.6 | 42.4 | 15.0 | 39.6 | 27.1 | 10.8 | 0.1 | **469.9** |
| 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.7 | 0.0 | 0.0 | 0.0 | **1.7** |
| 1.9 | 0.3 | 0.1 | 8.3 | 5.6 | 27.7 | 8.2 | 0.0 | 0.0 | **407.5** |
| 30.1 | 7.5 | 2.9 | 59.6 | 7.2 | 65.0 | 21.8 | 2.9 | 0.0 | **4,569.6** |
| 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | **0.9** |
| 2.0 | 0.2 | 2.6 | 2.8 | 0.7 | 0.3 | 0.3 | 0.0 | 0.0 | **533.3** |
| 5.5 | 1.1 | 1.4 | 10.4 | 1.0 | 1.5 | 1.1 | 14.1 | 0.3 | **330.5** |
| 8.6 | 2.5 | 2.1 | 14.6 | 1.4 | 1.8 | 0.9 | 87.9 | 0.6 | **569.9** |
| 0.0 | 0.0 | 0.0 | 2.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | **203.5** |
| 0.0 | 0.0 | 0.0 | 2.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | **138.4** |
| 16.4 | 7.7 | 2.7 | 6.6 | 4.8 | 31.5 | 7.1 | 0.0 | 0.0 | **106.3** |
| 1.7 | 9.2 | 0.0 | 2.0 | 1.4 | 8.3 | 2.8 | 0.0 | 0.1 | **225.0** |
| 2.2 | 1.3 | 0.5 | 2.8 | 1.7 | 0.0 | 0.3 | 0.0 | 0.0 | **116.5** |
| 0.0 | 0.0 | 0.0 | 14.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | **23.5** |
| 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 472.7 | 0.0 | **535.5** |
| 0.0 | 0.0 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 35.1 | 0.1 | **41.2** |
| 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 258.7 | **258.7** |
| 0.0 | 0.0 | 0.0 | 23.2 | 1.3 | 0.0 | 0.0 | 0.0 | 3.4 | **458.9** |
| 0.0 | 0.0 | 0.0 | 16.4 | 0.0 | 11.5 | 0.0 | 0.4 | 95.6 | **167.9** |
| 8.8 | 1.1 | 0.2 | 20.4 | 12.5 | 198.6 | 108.6 | 10.2 | 21.7 | **1,346.2** |
| 0.0 | 0.5 | 0.0 | 20.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | **194.6** |
| 1.9 | 0.3 | 0.7 | 6.7 | 3.5 | 4.3 | 0.9 | 0.0 | 0.3 | **461.3** |
| **116.9** | **50.0** | **22.0** | **255.7** | **56.1** | **391.6** | **179.1** | **634.1** | **380.9** | **11,160.7** |

## Table 16
## Selected In-Province Medical Procedures -- Patients, Services and Payments

| Type of Procedure | Number of Services | Rate Per 1,000 Beneficiaries | | | Per Cent Change in Services/1000 2002-03 to 2003-04 |
|---|---|---|---|---|---|
| | | Patients | Payments | Services | |
| Electrocardiograms and Echocardiograms | 376,926 | 152.78 | 7,267.25 | 374.03 | 3.18 |
| Allergy Investigations and Hyposensitization Injections | 310,357 | 10.61 | 576.93 | 307.97 | 2.62 |
| Submission of Papanicolau Smear | 131,319 | 234.79 [f] | 1,290.49 [f] | 258.36 [f] | 3.44 |
| Artificial Extra Corporeal Haemodialysis | 65,774 | 0.80 | 2,400.92 | 65.27 | 10.79 |
| Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts | 29,609 | 24.58 | 1,299.24 | 29.38 | 1.61 |
| Plantar Wart Excision or Fulguration | 26,470 | 12.67 | 428.05 | 26.27 | -2.55 |
| Suturing of Wounds | 25,016 | 23.22 | 1,168.55 | 24.82 | -1.66 |
| Arthrocentesis - Joint Injections Shoulder, Elbow, Knee | 17,747 | 11.31 | 248.61 | 17.61 | 3.02 |
| Delivery - Vaginal | 8,939 | 17.36 [f] | 6,912.70 [f] | 17.59 [f] | 3.46 |
| - Caesarean | 2,224 | 4.36 [f] | 2,076.02 [f] | 4.38 [f] | 8.21 |
| Cataract Extraction | 11,102 | 8.25 | 4,595.05 | 11.02 | -3.33 |
| Cystoscopy | 10,447 | 8.58 | 740.04 | 10.37 | -1.28 |
| Fractures, Open Surgical or Closed Reduction | 6,059 | 5.25 | 1,401.55 | 6.01 | 0.12 |
| Psychological Testing | 5,481 | 3.11 | 193.89 | 5.44 | -2.55 |
| Sigmoidoscopy | 5,334 | 4.86 | 261.26 | 5.29 | 0.88 |
| Cardiac Catheterization | 4,572 | 3.59 | 472.83 | 4.54 | -5.42 |
| Hernia Repair | 3,963 | 3.47 | 1,333.49 | 3.93 | -2.72 |
| Electroencephalograms or Echoencephalograms | 3,890 | 3.45 | 87.02 | 3.86 | -6.39 |
| Gall Bladder or Other Biliary Tract Surgery | 2,482 | 2.44 | 1,201.12 | 2.46 | -10.97 |
| Arthroplasty - Total Hip Replacement | 1,119 | 1.00 | 748.38 | 1.11 | 2.15 |
| - Total Knee Replacement | 1,334 | 1.16 | 879.13 | 1.32 | 18.79 |
| Vasectomy | 1,825 | 3.64 [m] | 676.84 [m] | 3.65 [m] | -6.09 |
| Hysterectomy - Abdominal | 1,200 | 2.34 [f] | 927.03 [f] | 2.36 [f] | -3.32 |
| - Vaginal | 550 | 1.08 [f] | 452.30 [f] | 1.08 [f] | 5.98 |
| Therapeutic Abortion | 1,672 | 3.24 [f] | 454.50 [f] | 3.29 [f] | -1.71 |
| Tubal Ligation | 1,572 | 3.07 [f] | 553.66 [f] | 3.09 [f] | -0.61 |
| Dilatation and Curettage | 1,476 | 2.82 [f] | 342.86 [f] | 2.90 [f] | -1.78 |
| Varicose Veins (Ligation) | 1,378 | 0.59 | 205.04 | 1.37 | -2.21 |
| Tonsillectomy (With or Without Adenoidectomy) | 1,223 | 1.21 | 224.78 | 1.21 | 0.62 |
| Electroconvulsive Therapy | 1,111 | 0.20 | 47.18 | 1.10 | 11.09 |
| Appendectomy | 951 | 0.94 | 293.64 | 0.94 | -3.00 |
| Genital Prolapse Repair | 936 | 1.59 [f] | 526.97 [f] | 1.84 [f] | 3.11 |
| Coronary By-Pass | 876 | 0.87 | 2,034.68 | 0.87 | 6.82 |
| Prostatectomy (With or Without Vasectomy) | 870 | 1.72 [m] | 1,163.09 [m] | 1.74 [m] | -8.10 |
| Septoplasty or Submucous Resection | 790 | 0.78 | 237.07 | 0.78 | 1.44 |
| Spinal Disc Excision | 763 | 0.73 | 481.57 | 0.76 | 3.04 |
| Salpingectomy, Oophorectomy and/or Ovarian Cystectomy | 540 | 1.04 [f] | 323.30 [f] | 1.06 [f] | 1.92 |
| Strabismus Operation | 147 | 0.14 | 84.38 | 0.15 | -18.31 |
| Peptic Ulcer Surgery | 141 | 0.13 | 84.04 | 0.14 | -13.10 |

[f] Rate per 1,000 female beneficiaries.
[m] Rate per 1,000 male beneficiaries.

## Table 17
## Selected In-Province Medical Conditions -- Patients, Services and Payments

| Conditions | I.C.D.[1] | Number of Services (000'S) | Rate Per 1,000 Beneficiaries | | |
|---|---|---|---|---|---|
| | | | Patients | Payments | Services |
| General Medical Examination - No Specific Diagnosis | V70 | 465 | 203.8 | 11,040 | 462 |
| Acute Upper Respiratory Infection (Except Influenza) | 460 - 465 | 450 | 233.8 | 9,939 | 447 |
| Hypertension | 401 - 405 | 370 | 121.5 | 8,855 | 367 |
| Diseases Affecting Genitourinary Tract | 580 - 599, 788 | 323 | 77.5 | 9,408 | 320 |
| Chronic Sinusitis & Other Respiratory Symptoms | 473 & 786 | 220 | 85.9 | 6,545 | 218 |
| Ischaemic Heart Disease | 410 - 414 | 211 | 31.0 | 10,600 | 210 |
| Diabetes Mellitus | 250 | 180 | 39.6 | 4,220 | 178 |
| Rheumatic Disease | 725 - 729 | 176 | 90.9 | 4,919 | 175 |
| Arthritis | 710 - 716 | 166 | 59.6 | 5,642 | 165 |
| Psychoses | 295 - 299 | 157 | 17.2 | 4,859 | 156 |
| Otitis Media | 381 & 382 | 148 | 62.9 | 3,375 | 147 |
| Asthma | 493 | 148 | 41.4 | 2,634 | 146 |
| Bronchitis | 466, 490 & 491 | 146 | 82.9 | 3,291 | 145 |
| Neuroses | 300 | 135 | 55.4 | 3,288 | 134 |
| Eczema | 690 - 692 | 119 | 60.6 | 2,334 | 118 |
| Cataract | 366 | 113 | 21.6 | 6,703 | 112 |
| Vertebrogenic Pain Syndrome | 724 | 111 | 51.7 | 3,055 | 110 |
| Symptomatic Heart Disease | 428 & 429 | 110 | 21.2 | 3,154 | 109 |
| Cardiac Disrhythmias | 427 | 104 | 19.6 | 2,816 | 103 |
| Glaucoma | 365 | 81 | 17.1 | 1,909 | 81 |
| Hay Fever | 477 | 80 | 10.5 | 567 | 79 |
| Diarrheal Disease | 009 | 79 | 38.9 | 2,070 | 79 |
| Pneumonia | 480 - 486 | 79 | 19.2 | 2,035 | 78 |
| Disorders of Menstruation | Z08[2] & 626 | 70 | 56.1 [f] | 3,662 [f] | 137 [f] |
| Cerebrovascular Disease | 430 - 438 | 69 | 9.5 | 2,005 | 68 |
| Cellulitis and Abscess | 681 & 682 | 65 | 27.0 | 1,492 | 64 |
| Anaemias | 280 - 285 | 56 | 18.3 | 1,493 | 56 |
| Infective Disease of Uterus (Except Cervix), Vagina, and Vulva | 615 & 616 | 55 | 46.1 [f] | 2,455 [f] | 109 [f] |
| Chronic Airways Obstruction | 496 | 49 | 10.3 | 1,286 | 49 |
| Myxedema | 244 | 40 | 22.1 | 879 | 40 |
| Gastritis and Duodenitis | 535 | 36 | 20.5 | 857 | 36 |
| Migraine | 346 | 34 | 13.5 | 774 | 33 |
| Alzheimer's Disease and Other Cerebral Degenerations | 331 | 30 | 3.0 | 653 | 29 |
| Menopausal Symptoms | 627 | 28 | 29.8 [f] | 1,241 [f] | 54 [f] |
| Influenza | 487 | 26 | 19.8 | 561 | 26 |
| Varicose Veins of Lower Extremity | 454 | 26 | 4.7 | 678 | 26 |
| Disorders of Functions of Stomach | 536 & 537 | 22 | 12.8 | 581 | 22 |
| Hyperkinetic Syndrome of Childhood (ADHD) | 314 | 18 | 4.6 | 564 | 18 |
| Obesity | 278 | 14 | 7.2 | 480 | 14 |
| Epilepsy | 345 | 14 | 4.5 | 369 | 14 |
| Alcoholic Psychosis and Alcoholism | 291 & 303 | 14 | 3.9 | 350 | 14 |
| Multiple Sclerosis | 340 | 13 | 2.0 | 365 | 13 |
| Ulcers of Duodenum and Stomach | 531 - 534 | 9 | 5.2 | 264 | 9 |

[1] Ninth Revision International Classification of Diseases, 1977.

[2] MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

[f] Rate per 1,000 female beneficiaries.

Note: MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

## Table 18
## Turnover of Physicians

| | General Practitioners | | Specialists | | All Physicians | |
|---|---|---|---|---|---|---|
| | Number | Per Cent Turnover | Number | Per Cent Turnover | Number | Per Cent Turnover |
| Practising in 1998-99[1] | 674 | | 439 | | 1,113 | |
| | | 11.1 | | 6.4 | | 9.3 |
| Still Practising in 1999-00[2] | 599 | | 411 | | 1,010 | |
| Practising in 1999-00[1] | 693 | | 443 | | 1,136 | |
| | | 12.1 | | 8.1 | | 10.6 |
| Still Practising in 2000-01[2] | 609 | | 407 | | 1,016 | |
| Practising in 2000-01[1] | 735 | | 440 | | 1,175 | |
| | | 18.4 | | 2.0 | | 12.3 |
| Still Practising in 2001-02[2] | 600 | | 431 | | 1,031 | |
| Practising in 2001-02[1] | 706 | | 497 | | 1,203 | |
| | | 11.6 | | 10.9 | | 11.3 |
| Still Practising in 2002-03[2] | 624 | | 443 | | 1,067 | |
| Practising in 2002-03[1] | 715 | | 496 | | 1,211 | |
| | | 13.6 | | 7.9 | | 11.2 |
| Still Practising in 2003-04[2] | 618 | | 457 | | 1,075 | |
| Practising in 2003-04[1] | 715 | | 500 | | 1,215 | |

[1] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Notes: 1) The net number of physicians who entered practice in 2003-04 was 140, the difference between "Practising" (1,215) and "Still Practising" (1,075).

2) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners (see "Highlights" - page 4).

3) Effective April 1, 2002 all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

4) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

## Table 19
## Physicians in Relation to Population and Practice Size

| Type of Physician[1] | Number of Physicians | | Population Per Physician (000's) | | Average Number of Patients Per Physician[2] (000's) | | Average Patient Contacts Per Physician[3] (000's) | | Per Cent of Beneficiaries Treated | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2002-03 | 2003-04 | 2002-03 | 2003-04 | 2002-03 | 2003-04 | 2002-03 | 2003-04 | 2002-03 | 2003-04 |
| **General Practitioner[4]** | **716** | **730** | **1.4** | **1.4** | **2.6** | **2.6** | **6.6** | **6.6** | **81.0** | **83.0** |
| **Specialists[4]** | | | | | | | | | | |
| Paediatricians and Medical Geneticists | 39 | 39 | 26.3 | 25.8 | 1.2 | 1.3 | 2.5 | 2.8 | 3.8 | 3.9 |
| Internists and Physiatrists | 96 | 94 | 10.7 | 10.7 | 1.9 | 1.9 | 4.1 | 4.3 | 12.2 | 12.5 |
| Neurologists | 13 | 13 | 78.8 | 77.5 | 2.2 | 2.1 | 2.9 | 2.8 | 2.5 | 2.5 |
| Cardiologists | 14 | 15 | 73.2 | 67.2 | 3.8 | 3.8 | 4.7 | 4.4 | 3.8 | 3.9 |
| Psychiatrists | 31 | 32 | 33.1 | 31.5 | 0.5 | 0.5 | 2.8 | 2.7 | 1.5 | 1.5 |
| Dermatologists | 4 | 5 | 256.2 | 201.6 | 4.6 | 4.1 | 8.6 | 7.8 | 1.8 | 2.0 |
| Anaesthetists | 73 | 74 | 14.0 | 13.6 | 1.1 | 1.0 | 1.2 | 1.2 | 5.9 | 5.7 |
| General Surgeons | 51 | 54 | 20.1 | 18.7 | 1.3 | 1.2 | 2.7 | 2.6 | 5.9 | 6.0 |
| Cardiac Surgeons | 7 | 8 | 146.4 | 126.0 | 0.4 | 0.5 | 0.7 | 0.8 | 0.3 | 0.3 |
| Orthopaedic Surgeons | 26 | 28 | 39.4 | 36.0 | 1.6 | 1.6 | 2.8 | 2.8 | 4.3 | 4.1 |
| Plastic and Reconstructive Surgeons | 13 | 13 | 78.8 | 77.5 | 1.4 | 1.5 | 2.2 | 2.5 | 1.7 | 1.9 |
| Neurological Surgeons | 8 | 7 | 128.1 | 144.0 | 0.9 | 1.1 | 1.7 | 2.1 | 0.7 | 0.8 |
| Obstetricians and Gynaecologists | 38 | 38 | 27.0 | 26.5 | 1.4 | 1.5 | 3.2 | 3.3 | 4.6 | 4.6 |
| Urological Surgeons | 13 | 12 | 78.8 | 84.0 | 1.8 | 1.9 | 3.0 | 3.1 | 2.2 | 2.1 |
| Ophthalmologists | 29 | 27 | 35.3 | 37.3 | 2.7 | 3.0 | 5.9 | 6.3 | 7.1 | 7.5 |
| Otolaryngologists | 11 | 10 | 93.2 | 100.8 | 3.2 | 3.4 | 6.0 | 6.2 | 3.4 | 3.5 |
| Pathologists and Diagnostic Radiologists | 37 | 38 | 27.7 | 26.5 | 6.6 | 6.2 | 0.2 | 0.2 | 18.8 | 18.7 |
| **All Specialists[4]** | **503** | **507** | **2.0** | **2.0** | **2.0** | **2.0** | **2.9** | **3.0** | **42.5** | **43.1** |
| **All Physicians[4]** | **1,219** | **1,237** | **0.8** | **0.8** | **2.3** | **2.4** | **5.1** | **5.1** | **83.0** | **84.9** |
| Licensed Physicians[5] | 1,629 | 1,654 | 0.6 | 0.6 | .. | .. | .. | .. | .. | .. |

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[3] A patient contact represents each time a physician saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[5] Licensed physicians includes temporary licensed locum physicians and excludes house officers in hospital and medical residents.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

## Table 20
## Physicians by Size of Practice

| Type of Physician[1] | Number of Physicians[2] | Size of Practice by Range of Patients[3] | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Less than 500 | 500-1,000 | 1,001-1,500 | 1,501-2,000 | 2,001-2,500 | 2,501-3,000 | 3,001-3,500 | More than 3,500 |
| **General Practitioners** | | | | | | | | | |
| Metro Association | 282 | 2 | 12 | 41 | 52 | 36 | 34 | 30 | 75 |
| Metro Solo | 63 | 6 | 6 | 11 | 11 | 8 | 5 | 4 | 12 |
| Urban Association | 111 | 0 | 7 | 8 | 9 | 27 | 14 | 7 | 39 |
| Urban Solo | 35 | 2 | 5 | 4 | 3 | 3 | 7 | 6 | 5 |
| Rural Association | 173 | 0 | 2 | 26 | 32 | 38 | 39 | 20 | 16 |
| Rural Solo | 66 | 1 | 2 | 20 | 19 | 11 | 10 | 2 | 1 |
| **All General Practitioners 2003-04** | **730** | **11** | **34** | **110** | **126** | **123** | **109** | **69** | **148** |
| All General Practitioners 2002-03 | 716 | 12 | 30 | 114 | 120 | 123 | 122 | 53 | 142 |
| **Specialists** | | | | | | | | | |
| Paediatricians and Medical Geneticists | 39 | 2 | 12 | 15 | 4 | 4 | 0 | 2 | 0 |
| Internists and Physiatrists | 94 | 4 | 29 | 16 | 11 | 9 | 7 | 3 | 15 |
| Neurologists | 13 | 0 | 3 | 2 | 1 | 2 | 2 | 1 | 2 |
| Cardiologists | 15 | 0 | 0 | 0 | 0 | 5 | 2 | 1 | 7 |
| Psychiatrists | 32 | 20 | 8 | 3 | 1 | 0 | 0 | 0 | 0 |
| Dermatologists | 5 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 3 |
| Anaesthetists | 74 | 5 | 30 | 33 | 6 | 0 | 0 | 0 | 0 |
| General Surgeons | 54 | 5 | 12 | 18 | 14 | 5 | 0 | 0 | 0 |
| Cardiac Surgeons | 8 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| Orthopaedic Surgeons | 28 | 1 | 5 | 6 | 9 | 5 | 2 | 0 | 0 |
| Plastic and Reconstructive Surgeons | 13 | 1 | 3 | 1 | 5 | 3 | 0 | 0 | 0 |
| Neurological Surgeons | 7 | 0 | 3 | 3 | 0 | 1 | 0 | 0 | 0 |
| Obstetricians and Gynaecologists | 38 | 2 | 8 | 11 | 8 | 7 | 1 | 0 | 1 |
| Urological Surgeons | 12 | 0 | 2 | 2 | 4 | 2 | 1 | 0 | 1 |
| Ophthalmologists | 27 | 0 | 0 | 0 | 5 | 5 | 2 | 5 | 10 |
| Otolaryngologists | 10 | 0 | 1 | 1 | 0 | 1 | 2 | 0 | 5 |
| Pathologists and Diagnostic Radiologists | 38 | 3 | 0 | 2 | 4 | 2 | 3 | 2 | 22 |
| **All Specialists 2003-04** | **507** | **47** | **120** | **114** | **72** | **51** | **22** | **15** | **66** |
| All Specialists 2002-03 | 503 | 48 | 127 | 105 | 68 | 47 | 25 | 21 | 62 |
| **All Physicians 2003-04** | **1,237** | **58** | **154** | **224** | **198** | **174** | **131** | **84** | **214** |
| All Physicians 2002-03 | 1,219 | 60 | 157 | 219 | 188 | 170 | 147 | 74 | 204 |

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

**Notes:** 1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

## Table 21
## Physicians by Range of Patient Contacts

| Type of Physician[1] | Number of Physicians[2] | Range of Patient Contacts[3] 1-2,000 | 2,001-4,000 | 4,001-6,000 | 6,001-8,000 | 8,001-10,000 | 10,001-12,000 | Over 12,000 |
|---|---|---|---|---|---|---|---|---|
| **General Practitioners** | | | | | | | | |
| Metro Association | 282 | 10 | 77 | 58 | 63 | 48 | 10 | 16 |
| Metro Solo | 63 | 15 | 12 | 14 | 6 | 5 | 7 | 4 |
| Urban Association | 111 | 4 | 11 | 23 | 29 | 22 | 14 | 8 |
| Urban Solo | 35 | 5 | 5 | 4 | 5 | 7 | 4 | 5 |
| Rural Association | 173 | 2 | 37 | 35 | 40 | 37 | 11 | 11 |
| Rural Solo | 66 | 2 | 10 | 19 | 12 | 9 | 8 | 6 |
| **All General Practitioners 2003-04** | **730** | **38** | **152** | **153** | **155** | **128** | **54** | **50** |
| All General Practitioners 2002-03 | 716 | 41 | 136 | 151 | 171 | 116 | 57 | 44 |
| **Specialists** | | | | | | | | |
| Paediatricians and Medical Geneticists | 39 | 17 | 16 | 3 | 2 | 0 | 1 | 0 |
| Internists and Physiatrists | 94 | 28 | 26 | 17 | 11 | 6 | 3 | 3 |
| Neurologists | 13 | 4 | 5 | 4 | 0 | 0 | 0 | 0 |
| Cardiologists | 15 | 2 | 4 | 7 | 1 | 1 | 0 | 0 |
| Psychiatrists | 32 | 18 | 8 | 3 | 1 | 1 | 0 | 1 |
| Dermatologists | 5 | 0 | 1 | 0 | 2 | 0 | 1 | 1 |
| Anaesthetists | 74 | 69 | 5 | 0 | 0 | 0 | 0 | 0 |
| General Surgeons | 54 | 15 | 32 | 7 | 0 | 0 | 0 | 0 |
| Cardiac Surgeons | 8 | 8 | 0 | 0 | 0 | 0 | 0 | 0 |
| Orthopaedic Surgeons | 28 | 6 | 20 | 2 | 0 | 0 | 0 | 0 |
| Plastic and Reconstructive Surgeons | 13 | 4 | 8 | 1 | 0 | 0 | 0 | 0 |
| Neurological Surgeons | 7 | 4 | 3 | 0 | 0 | 0 | 0 | 0 |
| Obstetricians and Gynaecologists | 38 | 9 | 18 | 9 | 2 | 0 | 0 | 0 |
| Urological Surgeons | 12 | 1 | 9 | 1 | 1 | 0 | 0 | 0 |
| Ophthalmologists | 27 | 0 | 6 | 7 | 7 | 5 | 2 | 0 |
| Otolaryngologists | 10 | 1 | 1 | 2 | 3 | 3 | 0 | 0 |
| Pathologists and Diagnostic Radiologists | 38 | 38 | 0 | 0 | 0 | 0 | 0 | 0 |
| **All Specialists 2003-04** | **507** | **224** | **162** | **63** | **30** | **16** | **7** | **5** |
| All Specialists 2002-03 | 503 | 232 | 153 | 61 | 32 | 17 | 3 | 5 |
| **All Physicians 2003-04** | **1,237** | **262** | **314** | **216** | **185** | **144** | **61** | **55** |
| All Physicians 2002-03 | 1,219 | 273 | 289 | 212 | 203 | 133 | 60 | 49 |

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

**Notes:** 1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

## Table 22
## Physicians by Place of Graduation[1]

| Type of Physician[2] | Number of Physicians[3] | Canada | | U.S.A., Central and South America | United Kingdom and Eire | Continental Europe | Asia | Africa | Australia |
|---|---|---|---|---|---|---|---|---|---|
| | | Sask | Other Prov | | | | | | |
| **General Practitioners** | | | | | | | | | |
| Metro Association | 282 | 136 | 14 | 4 | 31 | 5 | 46 | 44 | 2 |
| Metro Solo | 63 | 23 | 2 | 2 | 10 | 2 | 13 | 11 | 0 |
| Urban Association | 111 | 25 | 3 | 1 | 13 | 2 | 15 | 52 | 0 |
| Urban Solo | 35 | 8 | 1 | 1 | 7 | 0 | 7 | 11 | 0 |
| Rural Association | 173 | 45 | 5 | 0 | 8 | 6 | 14 | 94 | 1 |
| Rural Solo | 66 | 7 | 3 | 1 | 14 | 0 | 5 | 35 | 1 |
| **All General Practitioners 2003-04** | **730** | **244** | **28** | **9** | **83** | **15** | **100** | **247** | **4** |
| All General Practitioners 2002-03 | 716 | 239 | 34 | 9 | 86 | 12 | 89 | 244 | 3 |
| **Specialists** | | | | | | | | | |
| Paediatricians and Medical Geneticists | 39 | 10 | 10 | 3 | 5 | 1 | 6 | 4 | 0 |
| Internists and Physiatrists | 94 | 28 | 17 | 5 | 7 | 6 | 13 | 18 | 0 |
| Neurologists | 13 | 3 | 1 | 1 | 2 | 0 | 4 | 2 | 0 |
| Cardiologists | 15 | 6 | 1 | 0 | 0 | 2 | 3 | 3 | 0 |
| Psychiatrists | 32 | 12 | 3 | 1 | 3 | 0 | 11 | 1 | 1 |
| Dermatologists | 5 | 3 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| Anaesthetists | 74 | 34 | 15 | 0 | 3 | 1 | 9 | 12 | 0 |
| General Surgeons | 54 | 19 | 13 | 1 | 3 | 0 | 9 | 9 | 0 |
| Cardiac Surgeons | 8 | 1 | 5 | 1 | 0 | 1 | 0 | 0 | 0 |
| Orthopaedic Surgeons | 28 | 12 | 5 | 0 | 3 | 0 | 4 | 4 | 0 |
| Plastic and Reconstructive Surgeons | 13 | 6 | 4 | 1 | 0 | 0 | 1 | 1 | 0 |
| Neurological Surgeons | 7 | 1 | 1 | 0 | 0 | 0 | 2 | 3 | 0 |
| Obstetricians and Gynaecologists | 38 | 16 | 4 | 1 | 0 | 1 | 5 | 11 | 0 |
| Urological Surgeons | 12 | 4 | 6 | 0 | 0 | 0 | 1 | 0 | 1 |
| Ophthalmologists | 27 | 13 | 2 | 1 | 6 | 0 | 0 | 5 | 0 |
| Otolaryngologists | 10 | 7 | 0 | 0 | 1 | 0 | 2 | 0 | 0 |
| Pathologists and Diagnostic Radiologists | 38 | 20 | 7 | 0 | 4 | 1 | 3 | 2 | 1 |
| **All Specialists 2003-04** | **507** | **195** | **94** | **15** | **37** | **13** | **73** | **77** | **3** |
| All Specialists 2002-03 | 503 | 190 | 92 | 16 | 44 | 12 | 74 | 72 | 3 |
| **All Physicians 2003-04** | **1,237** | **439** | **122** | **24** | **120** | **28** | **173** | **324** | **7** |
| Per Cent Distribution 2003-04 | 100% | 35% | 10% | 2% | 10% | 2% | 14% | 26% | 1% |
| **All Physicians 2002-03** | **1,219** | **429** | **126** | **25** | **130** | **24** | **163** | **316** | **6** |
| Per Cent Distribution 2002-03 | 100% | 35% | 10% | 2% | 11% | 2% | 13% | 26% | 0% |

[1] The place of graduation is the location at which the first medical degree was obtained.

[2] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

**Notes:** 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

## Table 23
## Physicians by Age Group

| Type of Physician[1] | Number of Physicians[2] | Age Group | | | | |
|---|---|---|---|---|---|---|
| | | Under 35 | 35-44 | 45-54 | 55-64 | 65+ |
| **General Practitioners** | | | | | | |
| Metro Association | 282 | 32 | 73 | 89 | 61 | 27 |
| Metro Solo | 63 | 2 | 11 | 18 | 19 | 13 |
| Urban Association | 111 | 24 | 34 | 30 | 15 | 8 |
| Urban Solo | 35 | 1 | 10 | 5 | 15 | 4 |
| Rural Association | 173 | 38 | 68 | 29 | 31 | 7 |
| Rural Solo | 66 | 9 | 16 | 13 | 15 | 13 |
| **All General Practitioners 2003-04** | **730** | **106** | **212** | **184** | **156** | **72** |
| All General Practitioners 2002-03 | 716 | 123 | 206 | 177 | 147 | 63 |
| **Specialists** | | | | | | |
| Paediatricians and Medical Geneticists | 39 | 6 | 9 | 8 | 9 | 7 |
| Internists and Physiatrists | 94 | 7 | 26 | 27 | 27 | 7 |
| Neurologists | 13 | 1 | 3 | 3 | 2 | 4 |
| Cardiologists | 15 | 1 | 7 | 3 | 4 | 0 |
| Psychiatrists | 32 | 0 | 9 | 7 | 8 | 8 |
| Dermatologists | 5 | 0 | 2 | 1 | 2 | 0 |
| Anaesthetists | 74 | 9 | 31 | 24 | 8 | 2 |
| General Surgeons | 54 | 2 | 24 | 16 | 9 | 3 |
| Cardiac Surgeons | 8 | 1 | 4 | 2 | 0 | 1 |
| Orthopaedic Surgeons | 28 | 3 | 6 | 11 | 6 | 2 |
| Plastic and Reconstructive Surgeons | 13 | 2 | 4 | 2 | 3 | 2 |
| Neurological Surgeons | 7 | 1 | 0 | 3 | 2 | 1 |
| Obstetricians and Gynaecologists | 38 | 4 | 12 | 11 | 10 | 1 |
| Urological Surgeons | 12 | 1 | 2 | 3 | 3 | 3 |
| Ophthalmologists | 27 | 2 | 7 | 10 | 5 | 3 |
| Otolaryngologists | 10 | 0 | 1 | 5 | 2 | 2 |
| Pathologists and Diagnostic Radiologists | 38 | 3 | 11 | 16 | 7 | 1 |
| **All Specialists 2003-04** | **507** | **43** | **158** | **152** | **107** | **47** |
| All Specialists 2002-03 | 503 | 39 | 158 | 160 | 98 | 48 |
| **All Physicians 2003-04** | **1,237** | **149** | **370** | **336** | **263** | **119** |
| Per Cent Distribution 2003-04 | 100% | 12% | 30% | 27% | 21% | 10% |
| **All Physicians 2002-03** | **1,219** | **162** | **364** | **337** | **245** | **111** |
| Per Cent Distribution 2002-03 | 100% | 13% | 30% | 28% | 20% | 9% |

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

**Notes:** 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

## Table 24

## Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

| | Type of Physician[3] | | | | | |
|---|---|---|---|---|---|---|
| | All Physicians | | All General Practitioners | | All Specialists | |
| | Average Payment | Number | Average Payment | Number | Average Payment | Number |
| Physicians[4] | 251.8 | 1,237 | 207.3 | 730 | 316.0 | 507 |
| Highest Paid | 1,204.9 | | 677.7 | | 1,204.9 | |
| Less than $ 60,000 | 25.8 | 206 | 26.8 | 127 | 24.3 | 79 |
| $ 60,000 - $ 74,999 | 67.4 | 48 | 67.7 | 39 | 66.3 | 9 |
| $ 75,000 - $ 99,999 | 88.1 | 87 | 87.5 | 61 | 89.3 | 26 |
| $100,000 - $124,999 | 112.0 | 117 | 112.2 | 78 | 111.5 | 39 |
| $125,000 - $149,999 | 137.4 | 92 | 136.7 | 52 | 138.3 | 40 |
| $150,000 - $174,999 | 162.3 | 88 | 163.5 | 62 | 159.2 | 26 |
| $175,000 - $199,999 | 186.7 | 104 | 185.9 | 72 | 188.6 | 32 |
| $200,000 - $249,999 | 225.4 | 212 | 225.9 | 138 | 224.5 | 74 |
| $250,000 - $299,999 | 270.6 | 156 | 271.3 | 113 | 268.8 | 43 |
| $300,000 - $349,999 | 324.7 | 101 | 324.0 | 56 | 325.6 | 45 |
| Over $350,000 | 510.3 | 232 | 406.8 | 59 | 545.7 | 173 |
| **Total** | **219.6** | **1,443** | **180.6** | **857** | **276.7** | **586** |

| | General Practitioners | | | | | |
|---|---|---|---|---|---|---|
| | Metro | | Urban | | Rural | |
| | Average Payment | Number | Average Payment | Number | Average Payment | Number |
| Physicians[4] | 183.9 | 345 | 237.2 | 146 | 222.8 | 239 |
| Highest Paid | 447.5 | | 677.7 | | 579.4 | |
| Less than $ 60,000 | 28.0 | 83 | 29.2 | 15 | 22.1 | 29 |
| $ 60,000 - $ 74,999 | 68.4 | 24 | 65.5 | 5 | 67.1 | 10 |
| $ 75,000 - $ 99,999 | 88.0 | 35 | 87.2 | 9 | 86.8 | 17 |
| $100,000 - $124,999 | 112.2 | 47 | 110.5 | 10 | 113.0 | 21 |
| $125,000 - $149,999 | 137.9 | 31 | 135.1 | 8 | 134.6 | 13 |
| $150,000 - $174,999 | 162.3 | 32 | 162.3 | 13 | 166.7 | 17 |
| $175,000 - $199,999 | 187.2 | 41 | 190.9 | 9 | 181.5 | 22 |
| $200,000 - $249,999 | 225.3 | 64 | 227.2 | 28 | 225.9 | 46 |
| $250,000 - $299,999 | 269.7 | 40 | 272.9 | 27 | 271.7 | 46 |
| $300,000 - $349,999 | 318.0 | 13 | 321.6 | 19 | 329.1 | 24 |
| Over $350,000 | 387.2 | 18 | 426.0 | 18 | 407.0 | 23 |
| **Total** | **153.7** | **428** | **217.8** | **161** | **201.1** | **268** |

[1] Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

## Table 24 (Continued)

| | Type of Physician[3] | | | | | |
|---|---|---|---|---|---|---|
| | Paediatricians and Medical Geneticists | | Internists and Physiatrists | | Cardiologists | |
| | Average Payment | Number | Average Payment | Number | Average Payment | Number |
| Physicians[4] | 178.6 | 39 | 284.9 | 94 | 550.9 | 15 |
| Highest Paid | 557.7 | | 902.6 | | 1,204.9 | |
| Less than $ 60,000 | 12.2 | 11 | 30.6 | 24 | -- | -- |
| $ 60,000 - $ 74,999 | 68.1 | 3 | -- | -- | -- | -- |
| $ 75,000 - $ 99,999 | 91.7 | 5 | 85.6 | 7 | -- | -- |
| $100,000 - $124,999 | 106.9 | 4 | 112.2 | 10 | -- | -- |
| $125,000 - $149,999 | 139.0 | 9 | 138.5 | 9 | 142.0 | 2 |
| $150,000 - $174,999 | 157.1 | 4 | 158.3 | 6 | -- | -- |
| $175,000 - $199,999 | 185.2 | 3 | 190.1 | 6 | -- | -- |
| $200,000 - $249,999 | 221.8 | 5 | 225.7 | 13 | -- | -- |
| $250,000 - $299,999 | 266.2 | 1 | 266.9 | 6 | -- | -- |
| $300,000 - $349,999 | 301.1 | 1 | 329.9 | 8 | 340.6 | 1 |
| Over $350,000 | 441.0 | 4 | 501.6 | 29 | 636.6 | 12 |
| **Total** | **142.0** | **50** | **233.2** | **118** | **550.9** | **15** |

| | Neurologists | | Psychiatrists | | Dermatologists | |
|---|---|---|---|---|---|---|
| | Average Payment | Number | Average Payment | Number | Average Payment | Number |
| Physicians[4] | 235.2 | 13 | 217.3 | 32 | 327.5 | 5 |
| Highest Paid | 532.2 | | 684.5 | | 492.8 | |
| Less than $ 60,000 | 0.9 | 1 | 34.3 | 8 | 10.6 | 1 |
| $ 60,000 - $ 74,999 | -- | -- | 63.9 | 1 | -- | -- |
| $ 75,000 - $ 99,999 | 82.6 | 2 | 90.1 | 2 | -- | -- |
| $100,000 - $124,999 | 115.3 | 1 | 110.6 | 10 | 107.0 | 1 |
| $125,000 - $149,999 | 129.3 | 2 | 144.2 | 2 | -- | -- |
| $150,000 - $174,999 | -- | -- | 158.1 | 3 | -- | -- |
| $175,000 - $199,999 | 187.5 | 3 | 187.6 | 3 | -- | -- |
| $200,000 - $249,999 | 248.7 | 1 | 222.2 | 4 | -- | -- |
| $250,000 - $299,999 | -- | -- | 287.4 | 1 | -- | -- |
| $300,000 - $349,999 | 330.7 | 1 | 321.2 | 1 | 325.2 | 2 |
| Over $350,000 | 458.7 | 3 | 556.2 | 5 | 440.1 | 2 |
| **Total** | **218.4** | **14** | **180.7** | **40** | **274.7** | **6** |

**Notes:** 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

## Table 24 (Continued)
## Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

| | Type of Physician[3] | | | | | |
|---|---|---|---|---|---|---|
| | Anaesthetists | | General Surgeons | | Cardiac Surgeons | |
| | Average Payment | Number | Average Payment | Number | Average Payment | Number |
| Physicians[4] | 237.7 | 74 | 304.7 | 54 | 511.0 | 8 |
| Highest Paid | 566.6 | | 573.1 | | 771.7 | |
| Less than $ 60,000 | 46.3 | 1 | 20.9 | 9 | -- | -- |
| $ 60,000 - $ 74,999 | -- | -- | 70.6 | 1 | -- | -- |
| $ 75,000 - $ 99,999 | -- | -- | 91.7 | 3 | 95.8 | 1 |
| $100,000 - $124,999 | 113.7 | 7 | 111.0 | 2 | -- | -- |
| $125,000 - $149,999 | 141.3 | 6 | 137.3 | 5 | -- | -- |
| $150,000 - $174,999 | 157.8 | 3 | 164.7 | 1 | -- | -- |
| $175,000 - $199,999 | 190.0 | 8 | -- | - | -- | -- |
| $200,000 - $249,999 | 220.0 | 24 | 224.4 | 8 | -- | -- |
| $250,000 - $299,999 | 269.9 | 12 | 274.0 | 8 | -- | -- |
| $300,000 - $349,999 | 321.8 | 6 | 313.4 | 4 | -- | -- |
| Over $350,000 | 438.3 | 8 | 445.2 | 22 | 570.3 | 7 |
| **Total** | **235.2** | **75** | **264.2** | **63** | **511.0** | **8** |

| | Orthopaedic Surgeons | | Plastic and Reconstructive Surgeons | | Neurological Surgeons | |
|---|---|---|---|---|---|---|
| | Average Payment | Number | Average Payment | Number | Average Payment | Number |
| Physicians[4] | 323.0 | 28 | 297.9 | 13 | 343.0 | 7 |
| Highest Paid | 566.3 | | 601.8 | | 589.7 | |
| Less than $ 60,000 | 31.6 | 1 | 46.6 | 1 | 35.2 | 2 |
| $ 60,000 - $ 74,999 | -- | -- | 64.8 | 1 | -- | -- |
| $ 75,000 - $ 99,999 | -- | -- | 93.6 | 1 | -- | -- |
| $100,000 - $124,999 | 107.3 | 1 | -- | -- | -- | -- |
| $125,000 - $149,999 | 125.3 | 1 | -- | -- | 128.1 | 1 |
| $150,000 - $174,999 | 170.3 | 1 | 155.9 | 1 | -- | -- |
| $175,000 - $199,999 | 176.5 | 1 | 185.9 | 1 | 194.1 | 1 |
| $200,000 - $249,999 | 229.2 | 7 | -- | -- | -- | -- |
| $250,000 - $299,999 | 256.9 | 1 | 266.8 | 3 | 266.1 | 2 |
| $300,000 - $349,999 | 321.8 | 2 | 337.3 | 1 | -- | -- |
| Over $350,000 | 425.7 | 14 | 447.0 | 5 | 515.4 | 3 |
| **Total** | **312.9** | **29** | **280.0** | **14** | **274.6** | **9** |

[1] Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

## Table 24 (Continued)

| | Type of Physician[3] | | | | | |
|---|---|---|---|---|---|---|
| | Obstetricians and Gynaecologists | | Urological Surgeons | | Ophthalmologists | |
| | Average Payment | Number | Average Payment | Number | Average Payment | Number |
| Physicians[4] | 305.2 | 38 | 350.5 | 12 | 543.6 | 27 |
| Highest Paid | 1,051.9 | | 938.7 | | 1,040.1 | |
| Less than $ 60,000 | 23.2 | 5 | 35.6 | 1 | 53.7 | 2 |
| $ 60,000 - $ 74,999 | -- | -- | -- | -- | -- | -- |
| $ 75,000 - $ 99,999 | 88.8 | 3 | -- | -- | 92.7 | 1 |
| $100,000 - $124,999 | 113.7 | 2 | -- | -- | -- | -- |
| $125,000 - $149,999 | 135.7 | 2 | -- | -- | -- | -- |
| $150,000 - $174,999 | 158.6 | 4 | -- | -- | 162.9 | 2 |
| $175,000 - $199,999 | 185.7 | 2 | 194.2 | 2 | -- | -- |
| $200,000 - $249,999 | 232.0 | 4 | -- | -- | 220.8 | 2 |
| $250,000 - $299,999 | 265.4 | 2 | 272.3 | 2 | 252.6 | 1 |
| $300,000 - $349,999 | 320.1 | 4 | 333.4 | 7 | 345.4 | 2 |
| Over $350,000 | 472.4 | 15 | 938.7 | 1 | 677.6 | 19 |
| **Total** | **272.4** | **43** | **326.2** | **13** | **509.8** | **29** |

| | Otolaryngologists | | Pathologists and Diagnostic Radiologists | |
|---|---|---|---|---|
| | Average Payment | Number | Average Payment | Number |
| Physicians[4] | 395.6 | 10 | 490.9 | 38 |
| Highest Paid | 740.2 | | 1,194.4 | |
| Less than $ 60,000 | -- | -- | 10.2 | 12 |
| $ 60,000 - $ 74,999 | -- | -- | 64.3 | 3 |
| $ 75,000 - $ 99,999 | 96.4 | 1 | -- | -- |
| $100,000 - $124,999 | 119.2 | 1 | -- | -- |
| $125,000 - $149,999 | -- | -- | 145.0 | 1 |
| $150,000 - $174,999 | -- | -- | 163.2 | 1 |
| $175,000 - $199,999 | -- | -- | 187.9 | 2 |
| $200,000 - $249,999 | 240.2 | 1 | 228.7 | 5 |
| $250,000 - $299,999 | 259.0 | 1 | 265.2 | 3 |
| $300,000 - $349,999 | 329.3 | 1 | 317.2 | 4 |
| Over $350,000 | 582.4 | 5 | 766.8 | 19 |
| **Total** | **395.6** | **10** | **375.5** | **50** |

**Notes:** 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

## Table 25
## Average Payment ($000's) Per Physician by Specialty, 1998-99 to 2003-04

| Type of Physician[1] | Average Payment[2] ($000'S) 1998-99 | 1999-00 | 2000-01 | 2001-02 | 2002-03 | 2003-04 | Average Annual Per Cent Change 1998-99 to 2003-04 |
|---|---|---|---|---|---|---|---|
| **General Practitioners** | | | | | | | |
| Metro Association | 157.3 | 162.0 | 159.8 | 164.3 | 169.4 | 180.0 | 2.76 |
| Metro Solo | 165.0 | 172.7 | 170.9 | 175.2 | 179.8 | 201.3 | 4.14 |
| Urban Association | 224.9 | 237.2 | 218.3 | 219.7 | 220.5 | 231.0 | 0.66 |
| Urban Solo | 234.9 | 220.8 | 212.4 | 247.2 | 252.8 | 256.8 | 2.08 |
| Rural Association | 221.1 | 233.5 | 223.5 | 206.3 | 216.7 | 224.1 | 0.42 |
| Rural Solo | 229.5 | 220.6 | 211.8 | 210.1 | 217.6 | 219.4 | -0.86 |
| **All General Practitioners** | **194.3** | **198.5** | **191.3** | **191.6** | **197.4** | **207.3** | **1.35** |
| **Specialists** | | | | | | | |
| Paediatricians and Medical Geneticists | 150.2 | 148.7 | 156.1 | 151.1 | 152.1 | 178.6 | 3.77 |
| Internists and Physiatrists | 249.5 | 247.7 | 233.4 | 253.5 | 268.9 | 284.9 | 2.83 |
| Neurologists | 233.3 | 231.3 | 238.8 | 237.6 | 228.6 | 235.2 | 0.19 |
| Cardiologists | 450.8 | 537.3 | 561.8 | 567.8 | 556.3 | 550.9 | 4.37 |
| Psychiatrists | 209.4 | 196.9 | 205.0 | 210.8 | 208.6 | 217.3 | 0.82 |
| Dermatologists | 321.7 | 289.7 | 310.3 | 311.1 | 357.4 | 327.5 | 0.79 |
| Anaesthetists | 190.2 | 198.5 | 200.9 | 215.1 | 237.1 | 237.7 | 4.63 |
| General Surgeons | 273.7 | 276.7 | 291.7 | 298.8 | 304.7 | 304.7 | 2.19 |
| Cardiac Surgeons | 563.7 | 526.8 | 480.0 | 505.5 | 441.8 | 511.0 | -1.41 |
| Orthopaedic Surgeons | 280.7 | 305.2 | 308.9 | 286.2 | 305.8 | 323.0 | 3.01 |
| Plastic and Reconstructive Surgeons | 243.4 | 239.0 | 277.4 | 286.0 | 254.6 | 297.9 | 4.68 |
| Neurological Surgeons | 330.0 | 391.7 | 325.1 | 347.7 | 280.2 | 343.0 | 2.33 |
| Obstetricians and Gynaecologists | 260.4 | 275.4 | 275.1 | 250.8 | 277.5 | 305.2 | 3.49 |
| Urological Surgeons | 282.6 | 291.1 | 323.2 | 294.6 | 322.1 | 350.5 | 4.67 |
| Ophthalmologists | 511.1 | 498.5 | 500.3 | 452.9 | 497.6 | 543.6 | 1.51 |
| Otolaryngologists | 432.7 | 429.6 | 391.2 | 337.2 | 359.3 | 395.6 | -1.36 |
| Pathologists and Diagnostic Radiologists | 401.1 | 468.3 | 499.1 | 499.2 | 498.7 | 490.9 | 4.33 |
| **All Specialists** | **279.9** | **288.3** | **292.3** | **290.0** | **301.0** | **316.0** | **2.48** |
| Spec. less Pathologists & Radiologists | 267.8 | 272.0 | 274.3 | 274.0 | 285.3 | 301.8 | 2.44 |
| **All Physicians** | **228.2** | **233.9** | **230.4** | **232.1** | **240.1** | **251.8** | **2.02** |
| Phys. less Pathologists & Radiologists | 221.8 | 226.0 | 221.8 | 224.1 | 232.0 | 244.3 | 1.98 |

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.
Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[2] Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Payments for the specialist coverage program are excluded.

**Notes:** 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Laboratory services provided by Pathologists are now the responsibility of District Health Boards. As a result, Pathologists' fee-for-service payments are minimal.
3) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy changes.
4) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners (see "Highlights").
5) Effective April 1, 2002 all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.
6) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

## Table 26
## Physician Payments ($000's) by Specialty Group

| | General Practitioners | | Medical Specialists[1] | | Surgical Specialists[1] | | Technical Specialists[1] | |
|---|---|---|---|---|---|---|---|---|
| | Number | Average Payment | Number | Average Payment | Number | Average Payment | Number | Average Payment |
| **A. By Resident Community:**[2] | | | | | | | | |
| Regina | 163 | 183.1 | 53 | 383.2 | 62 | 406.7 | 36 | 377.9 |
| Saskatoon[3] | 182 | 184.6 | 121 | 221.5 | 95 | 356.6 | 65 | 306.1 |
| Moose Jaw | 27 | 243.9 | 3 | 614.3 | 6 | 392.6 | 1 | ** |
| Prince Albert | 47 | 215.7 | 10 | 200.5 | 12 | 271.2 | 7 | 297.8 |
| Yorkton | 14 | 260.9 | 3 | 222.8 | 8 | 338.0 | -- | -- |
| Swift Current | 16 | 204.2 | 4 | 314.7 | 5 | 250.6 | 2 | ** |
| North Battleford | 19 | 283.1 | 2 | ** | 5 | 214.2 | -- | -- |
| Estevan | 11 | 283.7 | -- | -- | -- | -- | -- | -- |
| Weyburn | 12 | 207.4 | -- | -- | -- | -- | -- | -- |
| All Other Locations | 239 | 222.8 | 2 | ** | 4 | 141.5 | 1 | ** |
| **B. By Activity Threshold:** | | | | | | | | |
| 1. Resident at Year End and No Change in Location During Year[2] | 688 | 209.6 | 190 | 273.5 | 193 | 352.9 | 110 | 325.4 |
| 2. Resident Full Year[2] | 683 | 213.1 | 194 | 272.9 | 188 | 366.1 | 106 | 333.6 |
| 3. Resident and Active in Two Consecutive Years[2] | 637 | 203.1 | 186 | 260.9 | 182 | 343.3 | 102 | 332.5 |
| 4. Resident During Any Portion of the Year and Earning $60,000 or More | 768 | 202.9 | 201 | 268.9 | 205 | 349.0 | 116 | 316.1 |
| 5. Person-Year Equivalents and Earning $60,000 or More[4] | 739.1 | 210.9 | 199.0 | 271.5 | 199.6 | 358.4 | 112.1 | 327.1 |
| 6. Resident at Year End With Payments of $15,000 or More in Each Quarter of the Year | 629 | 224.1 | 172 | 293.3 | 178 | 382.0 | 97 | 353.6 |
| 7. Resident at Year End and Not in Teaching Institutions[2] | 724 | 208.2 | 135 | 314.0 | 161 | 361.9 | 78 | 379.4 |
| **C. By Age Group:**[2] | | | | | | | | |
| Under 35 | 106 | 180.4 | 15 | 147.4 | 16 | 350.5 | 12 | 198.9 |
| 35 - 44 | 212 | 217.4 | 56 | 230.0 | 60 | 349.4 | 42 | 241.9 |
| 45 - 54 | 184 | 215.2 | 49 | 324.4 | 63 | 406.5 | 40 | 384.1 |
| 55 - 64 | 156 | 215.0 | 52 | 307.6 | 40 | 356.7 | 15 | 464.5 |
| 65 + | 72 | 180.1 | 26 | 256.8 | 18 | 213.4 | 3 | 455.3 |

[1] Physicians are grouped as follows:
- Medical Specialists include Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the specialist coverage program are excluded.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Person-year equivalents are prorated on the number of months in practice.

** Not shown, to preserve confidentiality.

**Note**: Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

## Table 27
## Payments[1] for Specialist and Rural Emergency Coverage Programs

| | Specialist Emergency Coverage | | | Rural (GP) Emergency Coverage[3] | Total Payments for Emergency Coverage |
|---|---|---|---|---|---|
| | Number of Rotations | | | | |
| | Tier I | Tier II | Payments[2] | | |
| Regional Health Authority | | | | | |
| 1 Sun Country | 4 | 2 | $400,498 | $636,947 | $1,037,445 |
| 2 Five Hills | 5 | 5 | $662,205 | $349,707 | $1,011,912 |
| 3 Cypress | 5 | 4 | $612,291 | $554,284 | $1,166,575 |
| 4 Regina Qu'Appelle | 35 | 6 | $4,214,014 | $538,133 | $4,752,147 |
| 5 Sunrise | 5 | 4 | $634,056 | $623,139 | $1,257,195 |
| 6 Saskatoon | 42 | 18 | $5,203,636 | $600,477 | $5,804,113 |
| 7 Heartland | 0 | 0 | $0 | $765,428 | $765,428 |
| 8 Kelsey Trail | 0 | 7 | $198,368 | $718,925 | $917,293 |
| 9 Prince Albert Parkland | 7 | 4 | $839,114 | $459,904 | $1,299,018 |
| 10 Prairie North | 11 | 4 | $1,321,110 | $539,847 | $1,860,956 |
| 11 Mamawetan Churchill River | 0 | 0 | $0 | $118,425 | $118,425 |
| 12 Keewatin Yatthe | 0 | 0 | $0 | $163,920 | $163,920 |
| 13 Athabasca | 0 | 0 | $0 | $61,100 | $61,100 |
| All Regional Health Authorities | 114 | 54 | $14,085,291 | $6,130,237 | $20,215,528 |
| Other Emergency Coverage | | | | | |
| Medical Health Officers | 0 | 2 | $119,755 | -- | $119,755 |
| Saskatchewan Cancer Agency | 0 | 6 | $360,000 | -- | $360,000 |
| **All Emergency Coverage** | **114** | **62** | **$14,565,046** | **$6,130,237** | **$20,695,283** |

[1] Includes payments made indirectly to physicians through Regional Health Authorities, the Saskatchewan Cancer Agency or other.

[2] Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.

[3] Includes payments processed through the Claims System as well as any alternate payments and payments for travel expenses when general practitioners provide weekend relief.

**Notes:** Tier I Coverage: continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty & clinical judgment of the responding physician.

## Table 28
## Medical Remuneration and Alternate Payment Expenditures

| | Medical Remuneration Payments[1] | Alternate Payments | Total Non-Fee-For-Service Payments |
|---|---|---|---|
| Regional Health Authority | | | |
| 1 Sun Country | $1,394,499 | $1,844,710 | $3,239,209 |
| 2 Five Hills | $2,290,061 | $507,696 | $2,797,757 |
| 3 Cypress | $1,783,661 | $1,814,610 | $3,598,271 |
| 4 Regina Qu'Appelle | $28,854,815 | $3,302,656 | $32,157,471 |
| 5 Sunrise | $2,645,630 | $94,024 | $2,739,654 |
| 6 Saskatoon | $19,009,165 | $4,563,244 | $23,572,409 |
| 7 Heartland | $266,509 | $309,156 | $575,665 |
| 8 Kelsey Trail | $870,717 | $1,887,370 | $2,758,087 |
| 9 Prince Albert Parkland | $3,209,453 | $3,715,557 | $6,925,010 |
| 10 Prairie North | $3,402,747 | $741,788 | $4,144,535 |
| 11 Mamawetan Churchill River | $54,517 | $397,952 | $452,469 |
| 12 Keewatin Yatthe | $0 | $842,262 | $842,262 |
| 13 Athabasca | $0 | $61,100 | $61,100 |
| All Regional Health Authorities | $63,781,774 | $20,082,124 | $83,863,898 |
| Provincial Projects[2] | $0 | $3,174,170 | $3,174,170 |
| **All Expenditures** | **$63,781,774** | **$23,256,294** [3] | **$87,038,068** |

[1] These expenditures for physician services are administered through Regional Health Authorities and funded by Saskatchewan Health include .

[2] These Alternate Payment arrangements are intended to benefit the entire provincial population.

[3] There is a difference between the Alternate Payments shown above and those shown in the Expenditure Tables on pages 7 and 8 due to accounting adjustments.

## Table 29
## Insured Population by Age and Sex by Regional Health Authority

| | | Regional Health Authority of Patient Residence | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
| Age Groups | Sex | Sun Country | Five Hills | Cypress | Regina Qu'Appelle | Sunrise | Saskatoon | Heartland | Kelsey Trail | Prince Albert Parkland | Prairie North | Mamawetan Churchill River | Keewatin Yatthe | Athabasca | Total |
| Under 1 | M | 289 | 292 | 210 | 1,368 | 260 | 1,682 | 213 | 226 | 542 | 509 | 217 | 112 | 24 | 5,945 |
| | F | 272 | 254 | 187 | 1,310 | 249 | 1,565 | 219 | 208 | 485 | 527 | 233 | 111 | 30 | 5,651 |
| | T | 561 | 546 | 397 | 2,678 | 509 | 3,248 | 432 | 434 | 1,027 | 1,037 | 450 | 223 | 54 | 11,596 |
| 1 - 4 | M | 1,177 | 1,176 | 984 | 5,680 | 1,129 | 6,922 | 942 | 1,031 | 2,188 | 2,274 | 972 | 472 | 110 | 25,056 |
| | F | 1,204 | 1,081 | 923 | 5,494 | 1,101 | 6,559 | 908 | 965 | 2,194 | 2,150 | 912 | 436 | 108 | 24,035 |
| | T | 2,381 | 2,257 | 1,907 | 11,174 | 2,229 | 13,482 | 1,850 | 1,996 | 4,382 | 4,423 | 1,884 | 908 | 218 | 49,091 |
| 5 - 9 | M | 1,746 | 1,567 | 1,358 | 7,853 | 1,542 | 9,560 | 1,375 | 1,419 | 2,848 | 2,879 | 1,198 | 634 | 135 | 34,111 |
| | F | 1,660 | 1,543 | 1,300 | 7,452 | 1,477 | 8,985 | 1,330 | 1,440 | 2,833 | 2,788 | 1,232 | 583 | 130 | 32,752 |
| | T | 3,406 | 3,110 | 2,657 | 15,305 | 3,018 | 18,545 | 2,704 | 2,858 | 5,681 | 5,667 | 2,430 | 1,217 | 265 | 66,863 |
| 10 - 14 | M | 2,002 | 1,943 | 1,606 | 9,083 | 1,948 | 10,744 | 1,667 | 1,582 | 3,446 | 3,177 | 1,250 | 691 | 139 | 39,278 |
| | F | 1,925 | 1,809 | 1,541 | 8,741 | 1,866 | 10,061 | 1,601 | 1,583 | 3,164 | 2,923 | 1,222 | 669 | 139 | 37,243 |
| | T | 3,927 | 3,752 | 3,147 | 17,824 | 3,814 | 20,805 | 3,268 | 3,165 | 6,610 | 6,100 | 2,472 | 1,360 | 278 | 76,521 |
| 15 - 19 | M | 2,105 | 2,342 | 1,745 | 9,504 | 2,090 | 10,828 | 1,957 | 1,797 | 3,198 | 3,163 | 1,109 | 618 | 140 | 40,595 |
| | F | 2,008 | 2,098 | 1,653 | 8,970 | 2,114 | 10,377 | 1,877 | 1,668 | 3,017 | 3,047 | 1,004 | 607 | 147 | 38,586 |
| | T | 4,113 | 4,439 | 3,398 | 18,473 | 4,204 | 21,206 | 3,834 | 3,464 | 6,215 | 6,210 | 2,113 | 1,225 | 287 | 79,181 |
| 20 - 24 | M | 2,035 | 2,097 | 1,543 | 9,229 | 1,931 | 10,775 | 1,687 | 1,541 | 2,773 | 2,904 | 881 | 451 | 108 | 37,954 |
| | F | 1,787 | 1,905 | 1,403 | 9,055 | 1,898 | 10,876 | 1,434 | 1,297 | 2,604 | 2,732 | 786 | 407 | 112 | 36,295 |
| | T | 3,821 | 4,002 | 2,945 | 18,284 | 3,829 | 21,651 | 3,121 | 2,839 | 5,377 | 5,636 | 1,667 | 858 | 220 | 74,249 |
| 25 - 29 | M | 1,671 | 1,556 | 1,165 | 8,072 | 1,602 | 9,711 | 1,229 | 1,254 | 2,265 | 2,357 | 732 | 394 | 99 | 32,105 |
| | F | 1,456 | 1,536 | 1,126 | 8,009 | 1,349 | 9,792 | 1,115 | 1,126 | 2,304 | 2,279 | 784 | 396 | 78 | 31,350 |
| | T | 3,127 | 3,092 | 2,290 | 16,081 | 2,951 | 19,503 | 2,344 | 2,380 | 4,568 | 4,636 | 1,516 | 790 | 177 | 63,455 |
| 30 - 34 | M | 1,494 | 1,343 | 1,126 | 7,735 | 1,417 | 9,261 | 1,095 | 1,171 | 2,267 | 2,164 | 778 | 423 | 85 | 30,361 |
| | F | 1,428 | 1,443 | 1,162 | 7,821 | 1,431 | 9,317 | 1,016 | 1,091 | 2,377 | 2,166 | 737 | 426 | 85 | 30,500 |
| | T | 2,922 | 2,787 | 2,288 | 15,556 | 2,848 | 18,579 | 2,111 | 2,262 | 4,644 | 4,330 | 1,515 | 849 | 170 | 60,861 |
| 35 - 39 | M | 1,734 | 1,585 | 1,290 | 8,664 | 1,714 | 9,991 | 1,294 | 1,293 | 2,449 | 2,241 | 723 | 444 | 75 | 33,497 |
| | F | 1,669 | 1,727 | 1,383 | 8,851 | 1,698 | 10,136 | 1,286 | 1,320 | 2,526 | 2,302 | 666 | 417 | 81 | 34,063 |
| | T | 3,403 | 3,312 | 2,673 | 17,514 | 3,412 | 20,128 | 2,580 | 2,613 | 4,975 | 4,544 | 1,389 | 861 | 156 | 67,560 |
| 40 - 44 | M | 2,159 | 2,203 | 1,775 | 9,963 | 2,051 | 11,627 | 1,754 | 1,547 | 2,795 | 2,644 | 658 | 398 | 65 | 39,638 |
| | F | 2,027 | 2,149 | 1,785 | 10,022 | 2,023 | 11,862 | 1,716 | 1,474 | 2,906 | 2,615 | 638 | 355 | 72 | 39,643 |
| | T | 4,186 | 4,351 | 3,560 | 19,985 | 4,073 | 23,489 | 3,470 | 3,022 | 5,701 | 5,259 | 1,296 | 753 | 137 | 79,281 |
| 45 - 49 | M | 2,191 | 2,262 | 1,807 | 9,487 | 2,205 | 11,167 | 1,905 | 1,572 | 2,727 | 2,480 | 586 | 311 | 51 | 38,752 |
| | F | 1,995 | 2,175 | 1,725 | 9,707 | 2,050 | 11,158 | 1,637 | 1,484 | 2,660 | 2,429 | 554 | 249 | 43 | 37,865 |
| | T | 4,186 | 4,438 | 3,531 | 19,194 | 4,255 | 22,325 | 3,541 | 3,057 | 5,387 | 4,909 | 1,140 | 560 | 94 | 76,617 |
| 50 - 54 | M | 1,747 | 1,806 | 1,452 | 7,883 | 2,002 | 9,025 | 1,527 | 1,463 | 2,353 | 2,104 | 499 | 254 | 33 | 32,147 |
| | F | 1,618 | 1,758 | 1,369 | 7,866 | 1,887 | 8,973 | 1,349 | 1,339 | 2,289 | 1,890 | 429 | 221 | 28 | 31,015 |
| | T | 3,364 | 3,564 | 2,821 | 15,749 | 3,889 | 17,998 | 2,875 | 2,802 | 4,642 | 3,994 | 928 | 475 | 61 | 63,162 |
| 55 - 59 | M | 1,463 | 1,556 | 1,193 | 6,191 | 1,639 | 7,068 | 1,195 | 1,249 | 2,036 | 1,614 | 376 | 197 | 27 | 25,804 |
| | F | 1,398 | 1,451 | 1,193 | 6,287 | 1,707 | 6,826 | 1,172 | 1,228 | 1,964 | 1,458 | 316 | 153 | 30 | 25,184 |
| | T | 2,861 | 3,006 | 2,386 | 12,478 | 3,346 | 13,894 | 2,368 | 2,476 | 4,001 | 3,072 | 692 | 350 | 57 | 50,988 |
| 60 - 64 | M | 1,138 | 1,097 | 998 | 4,676 | 1,499 | 5,306 | 940 | 1,158 | 1,616 | 1,326 | 249 | 157 | 29 | 20,188 |
| | F | 1,141 | 1,213 | 1,016 | 4,984 | 1,547 | 5,491 | 930 | 1,069 | 1,558 | 1,284 | 214 | 134 | 19 | 20,600 |
| | T | 2,279 | 2,309 | 2,014 | 9,660 | 3,046 | 10,797 | 1,870 | 2,227 | 3,174 | 2,610 | 463 | 291 | 48 | 40,788 |
| 65 - 69 | M | 1,109 | 1,101 | 947 | 4,014 | 1,392 | 4,400 | 900 | 936 | 1,384 | 1,115 | 185 | 113 | 14 | 17,609 |
| | F | 1,127 | 1,134 | 984 | 4,382 | 1,518 | 5,040 | 931 | 913 | 1,379 | 1,078 | 158 | 77 | 14 | 18,734 |
| | T | 2,235 | 2,235 | 1,931 | 8,396 | 2,910 | 9,440 | 1,830 | 1,849 | 2,763 | 2,193 | 343 | 190 | 28 | 36,343 |
| 70 - 74 | M | 1,097 | 1,086 | 902 | 3,651 | 1,375 | 4,055 | 905 | 860 | 1,279 | 948 | 142 | 80 | 18 | 16,398 |
| | F | 1,110 | 1,245 | 973 | 4,284 | 1,475 | 4,756 | 993 | 989 | 1,332 | 976 | 130 | 77 | 10 | 18,349 |
| | T | 2,207 | 2,332 | 1,875 | 7,935 | 2,850 | 8,811 | 1,897 | 1,848 | 2,611 | 1,924 | 272 | 157 | 28 | 34,747 |
| 75 & Over | M | 2,105 | 2,248 | 1,762 | 6,178 | 2,952 | 7,195 | 1,877 | 1,766 | 2,048 | 1,638 | 152 | 106 | 14 | 30,038 |
| | F | 3,133 | 3,466 | 2,581 | 10,363 | 4,184 | 11,873 | 2,689 | 2,502 | 2,954 | 2,362 | 197 | 96 | 15 | 46,412 |
| | T | 5,237 | 5,714 | 4,343 | 16,543 | 7,134 | 19,067 | 4,565 | 4,267 | 5,001 | 4,002 | 349 | 202 | 29 | 76,450 |
| **Total all ages** | **M** | 27,260 | 27,259 | 21,860 | 119,230 | 28,747 | 139,317 | 22,460 | 21,863 | 38,213 | 35,539 | 10,707 | 5,855 | 1,166 | 499,476 |
| | **F** | 26,956 | 27,987 | 22,299 | 123,597 | 29,573 | 143,649 | 22,200 | 21,696 | 38,546 | 35,007 | 10,212 | 5,414 | 1,141 | 508,277 |
| | **T** | 54,217 | 55,246 | 44,158 | 242,827 | 58,319 | 282,967 | 44,660 | 43,560 | 76,759 | 70,546 | 20,919 | 11,269 | 2,307 | 1,007,753 |

**Notes** 1) Population as at June 30, 2003.
2) Band members are placed in the regional health authority as indicated by their mailing address.

## Table 30
## Per Cent of General Practitioner Payments by Patient Regional Health Authority by Physician Regional Health Authority

| Regional Health Authority of Patient Residence | Regional Health Authority of Physician Practice | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 Sun Country | 2 Five Hills | 3 Cypress | 4 Regina Qu'Appelle | 5 Sunrise | 6 Saskatoon | 7 Heartland | 8 Kelsey Trail | 9 Prince Albert Parkland | 10 Prairie North | 11 Mamawetan Churchill River | 12 Keewatin Yatthe | 13 Athabasca | Out of Province | Total |
| 1 Sun Country | 84.4 | 0.8 | 0.1 | 10.8 | 0.2 | 0.7 | 0.4 | 0.1 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 2.3 | 100.0 |
| 2 Five Hills | 1.0 | 88.6 | 0.7 | 5.5 | 0.1 | 1.4 | 0.4 | 0.0 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 2.1 | 100.0 |
| 3 Cypress | 0.1 | 1.7 | 86.4 | 1.8 | 0.1 | 1.8 | 0.6 | 0.1 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 7.2 | 100.0 |
| 4 Regina Qu'Appelle | 0.6 | 0.5 | 0.1 | 94.0 | 0.6 | 1.4 | 0.1 | 0.1 | 0.2 | 0.1 | 0.0 | 0.0 | 0.0 | 2.2 | 100.0 |
| 5 Sunrise | 0.3 | 0.2 | 0.1 | 6.4 | 86.0 | 3.1 | 0.3 | 0.5 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 3.0 | 100.0 |
| 6 Saskatoon | 0.1 | 0.2 | 0.1 | 1.0 | 0.3 | 93.6 | 0.3 | 0.5 | 1.0 | 0.6 | 0.0 | 0.0 | 0.0 | 2.3 | 100.0 |
| 7 Heartland | 0.1 | 1.0 | 1.5 | 0.5 | 0.0 | 9.4 | 75.7 | 0.1 | 0.2 | 4.0 | 0.0 | 0.0 | 0.0 | 7.5 | 100.0 |
| 8 Kelsey Trail | 0.1 | 0.2 | 0.3 | 0.8 | 0.7 | 6.1 | 0.1 | 83.3 | 6.0 | 0.3 | 0.0 | 0.0 | 0.0 | 2.2 | 100.0 |
| 9 Prince Albert Parkland | 0.0 | 0.1 | 0.0 | 0.4 | 0.1 | 6.0 | 0.1 | 1.5 | 87.2 | 2.2 | 0.2 | 0.1 | 0.0 | 2.1 | 100.0 |
| 10 Prairie North | 0.1 | 0.1 | 0.1 | 0.4 | 0.1 | 3.2 | 0.7 | 0.1 | 1.1 | 74.9 | 0.0 | 0.0 | 0.0 | 19.3 | 100.0 |
| 11 Mamawetan Churchill River | 0.0 | 0.1 | 0.0 | 0.5 | 0.1 | 4.1 | 0.1 | 0.4 | 20.6 | 0.4 | 43.8 | 0.2 | 0.0 | 29.6 | 100.0 |
| 12 Keewatin Yatthe | 0.0 | 0.0 | 0.0 | 0.3 | 0.1 | 6.2 | 0.0 | 0.0 | 4.3 | 38.9 | 0.8 | 44.9 | 0.0 | 4.3 | 100.0 |
| 13 Athabasca | 0.0 | 0.6 | 0.0 | 2.1 | 0.5 | 15.0 | 0.4 | 0.5 | 61.3 | 0.6 | 8.8 | 1.6 | 0.0 | 8.6 | 100.0 |
| Rural Emergency Coverage | 10.7 | 6.6 | 9.9 | 9.3 | 10.8 | 10.0 | 13.0 | 9.8 | 6.9 | 9.2 | 2.0 | 1.8 | 0.0 | 0.0 | 100.0 |
| All Regional Health Authorities | 5.6 | 5.6 | 4.3 | 22.8 | 6.0 | 25.9 | 4.3 | 4.4 | 8.3 | 7.1 | 0.7 | 0.5 | 0.0 | 4.4 | 100.0 |

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.

2) This data is not adjusted for any demographic differences between regional health authorities.

3) Band members are placed in the regional health authority as indicated by their mailing address.

4) Payments to physicians by regional health authority have not been adjusted for itinerant services.

5) Only those payments that have been processed through the Claims Processing System either as fee-for-service or as shadow billing are included.

## Table 31
## Per Capita Physician Payments and Services by Patient Regional Health Authority and Per Cent of Population Treated (In- and Out-of-Province)

| Regional Health Authority of Patient Residence | General Practitioners | | | Specialists | | | All Physicians | | |
|---|---|---|---|---|---|---|---|---|---|
| | Per Capita Payments Excluding Emergency Coverage ($) | Per Capita Services | Per Cent of Insured Population Treated (%) | Per Capita Payments Excluding Emergency Coverage ($) | Per Capita Services | Per Cent of Insured Population Treated (%) | Per Capita Payments Excluding Emergency Coverage ($) | Per Capita Services | Per Cent of Insured Population Treated (%) |
| 1 Sun Country | 184.22 | 8.29 | 86.2 | 139.07 | 2.83 | 36.1 | 323.29 | 11.11 | 87.2 |
| 2 Five Hills | 173.51 | 8.44 | 88.2 | 175.46 | 3.87 | 43.1 | 348.97 | 12.31 | 89.6 |
| 3 Cypress | 167.85 | 7.98 | 84.2 | 164.28 | 3.83 | 42.9 | 332.13 | 11.81 | 87.2 |
| 4 Regina Qu'Appelle | 152.60 | 7.11 | 86.7 | 189.75 | 4.18 | 47.9 | 342.35 | 11.29 | 88.5 |
| 5 Sunrise | 179.22 | 8.61 | 85.7 | 169.65 | 3.86 | 41.2 | 348.87 | 12.47 | 87.8 |
| 6 Saskatoon | 148.05 | 7.00 | 86.7 | 202.33 | 4.98 | 52.1 | 350.38 | 11.99 | 88.9 |
| 7 Heartland | 179.12 | 8.21 | 86.7 | 163.27 | 3.66 | 42.7 | 342.39 | 11.87 | 88.5 |
| 8 Kelsey Trail | 174.43 | 8.13 | 85.4 | 137.93 | 3.01 | 34.9 | 312.36 | 11.15 | 86.6 |
| 9 Prince Albert Parkland | 178.08 | 8.36 | 89.3 | 156.19 | 3.68 | 44.5 | 334.27 | 12.04 | 90.6 |
| 10 Prairie North | 185.88 | 8.01 | 86.2 | 151.62 | 3.95 | 39.3 | 337.50 | 11.96 | 87.6 |
| 11 Mamawetan Churchill River | 99.57 | 4.24 | 70.9 | 98.81 | 2.19 | 28.1 | 198.38 | 6.43 | 73.6 |
| 12 Keewatin Yatthe | 127.44 | 5.13 | 75.4 | 108.10 | 2.26 | 27.1 | 235.54 | 7.39 | 77.0 |
| 13 Athabasca | 27.91 | 1.19 | 27.3 | 107.29 | 2.41 | 34.0 | 135.20 | 3.60 | 46.4 |
| **All Regional Health Authorities** | **166.87** | **7.50** | **85.1** | **175.91** | **4.09** | **45.0** | **337.03** | **11.59** | **86.9** |

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
2) This data is not adjusted for any demographic differences between regional health authorities.
3) Band members are placed in the regional health authority as indicated by their mailing address.
4) Excludes payments for specialist and rural emergency coverage programs and any lump sum payments made to the SMA due to delayed implementation of Payment Schedule amendments.
5) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

## Table 32
## General Practitioners in Relation to Population, Earnings and Practice Size

| Regional Health Authority of Physician Practice | Number of Registered General Practitioners[1] | Number of Active General Practitioners[2] | Population Per Active General Practitioner | Average Payment Per Active GP | Average Number of Patients Per Active GP[3] | Average Patient Contacts Per Active GP[4] |
|---|---|---|---|---|---|---|
| 1 Sun Country | 44 | 40 | 1,355 | $220,551 | 2,176 | 6,708 |
| 2 Five Hills | 49 | 37 | 1,493 | $241,045 | 2,694 | 7,594 |
| 3 Cypress | 38 | 30 | 1,472 | $213,918 | 2,041 | 6,826 |
| 4 Regina Qu'Appelle | 269 | 193 | 1,258 | $191,445 | 2,763 | 6,358 |
| 5 Sunrise | 40 | 34 | 1,715 | $269,932 | 2,823 | 8,681 |
| 6 Saskatoon | 291 | 215 | 1,316 | $190,316 | 2,709 | 6,084 |
| 7 Heartland | 30 | 26 | 1,718 | $260,684 | 2,275 | 7,835 |
| 8 Kelsey Trail | 38 | 30 | 1,452 | $234,419 | 2,411 | 6,863 |
| 9 Prince Albert Parkland | 74 | 59 | 1,301 | $225,905 | 3,115 | 7,363 |
| 10 Prairie North | 78 | 51 | 1,383 | $224,907 | 2,480 | 6,574 |
| 11 Mamawetan Churchill River | 13 | 8 | 2,615 | $115,669 | 2,428 | 3,688 |
| 12 Keewatin Yatthe | 13 | 7 | 1,610 | $84,682 | 1,360 | 2,498 |
| 13 Athabasca | 2 | 0 | – | – | – | – |
| **All Regional Health Authorities** | **946** | **730** | **1,380** | **$207,301** | **2,644** | **6,590** |

[1] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number. Physicians may be counted in more than one regional health authority but the provincial total is a discrete count.

[2] General Practitioners with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[4] A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

**Notes:** 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

## Table 33
## Post-Graduate Medical Education[1] and Retention Rates by Academic Year[2]

| Type of Physician | 1999 Graduates in 1999 | 1999 Remained[3] in Saskatchewan | 2000 Graduates in 2000 | 2000 Remained[3] in Saskatchewan | 2001 Graduates in 2001 | 2001 Remained[3] in Saskatchewan |
|---|---|---|---|---|---|---|
| **Funded by the Clinical Services Fund** | | | | | | |
| Family Medicine – Regina | 10 | 6 | 12 [4] | 7 | 11 [4] | 6 |
| Family Medicine – Saskatoon | 11 | 9 | 10 [5] | 7 | 8 | 5 |
| Family Medicine/Emergency | 2 | 1 | 2 | 1 | 2 | 2 |
| **All Family Medicine** | **23** | **16** | **24** | **15** | **21** | **13** |
| Anaesthesia | - | - | 2 | - | 2 | 2 |
| Anatomical Pathology | - | - | 1 | - | - | - |
| Cardiology | 1 | - | 1 | 1 | 1 | - |
| General Pathology | 1 | 1 | 1 | 1 | - | - |
| General Surgery | 3 | 2 | 4 | - | 4 | 2 |
| Internal Medicine | 4 | 3 | 4 [4] | - | 1 [4] | - |
| Medical Imaging | 3 | 3 | 1 | - | 2 | - |
| Neonatal/Perinatal | - | - | - | - | - | - |
| Neurology | 1 | - | 1 | - | 1 | - |
| Neurosurgery | - | - | - | - | 1 | 1 |
| Obstetrics/Gynaecology | 2 | 1 | 4 | 1 | 3 | 1 |
| Ophthalmology | 1 | 1 | 1 | - | 2 | - |
| Orthopaedic Surgery | 2 | - | 2 | - | 2 | 1 |
| Paediatric Neurology | - | - | - | - | - | - |
| Paediatrics | 2 | 1 | 3 | 1 | - | - |
| Psychiatry | 4 | 1 | - | - | 4 | 1 |
| Physical Medicine & Rehabilitation | 1 | 1 | - | - | - | - |
| Respiratory Medicine | 1 | 1 | 1 | 1 | 1 | 1 |
| Rheumatology | 1 | - | 1 | 1 | 1 | - |
| **All Specialists** | **27** | **15** | **27** | **6** | **25** | **9** |
| **Total CSF Funded** | **50** | **31** | **51** | **21** | **46** | **22** |
| **Externally Funded** | **6** | | **6** | **5** | **9** | **4** |
| **Total Physicians** | **56** | | **57** | **26** | **55** | **26** |
| **CSF Funded Retention Rates[7]** | | | | | | |
| Family Medicine | | 70% | | 71% | | 65% |
| Specialists | | 56% | | 23% | | 38% |
| **All Physicians** | | **62%** | | **45%** | | **50%** |

[1] The Department supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as:
- . clinical services provided by faculty
- . undergraduate, post-graduate and continuing medical education
- . post-graduate medical resident salaries and benefits
- . medical and health-related research.

[2] Period ending June of stated year.

[3] Graduates who practised in Saskatchewan for at least six months upon graduation.

[4] One graduate went on to a further residency program

[5] Two graduates went on to a further residency program

[6] Positions actually occupied as of June 30, 2003.

[7] Net of the number of graduates who have entered further training.

[8] Three graduates went on to a further residency program

[9] Two students did not attend the full year.

## Table 33
## (Continued)

| Type of Physician | 2002 Graduates in 2002 | 2002 Remained[3] in Saskatchewan | 2003 Graduates in 2003 | 2003 Remained[3] in Saskatchewan | CSF Funded Positions[6] in 2003-04 | Retention Rate[7] of 2003 Graduates |
|---|---|---|---|---|---|---|
| **Funded by the Clinical Services Fund** | | | | | | |
| Family Medicine – Regina | 9 [5] | 2 | 8 [4] | 6 | 22 | 86% |
| Family Medicine – Saskatoon | 13 | 10 | 10 [8] | 5 | 28 [9] | 71% |
| Family Medicine/Emergency | 2 | 2 | 1 | 1 | 2 | 100% |
| **All Family Medicine** | **24** | **14** | **19** | **12** | **52** | **80%** |
| Anaesthesia | 2 | 1 | 3 | 2 | 15 | 67% |
| Anatomical Pathology | - | - | - | - | 0 | 0% |
| Cardiology | 1 | - | 1 | - | 4 | 0% |
| General Pathology | - | - | - | - | 3 | 0% |
| General Surgery | 3 | 1 | 2 | - | 17 | 0% |
| Internal Medicine | 2 | - | - | - | 27 | 0% |
| Medical Imaging | 3 | 2 | 3 | 2 | 16 | 67% |
| Neonatal/Perinatal | - | - | - | - | 1 | 0% |
| Neurology | 1 | - | - | - | 4 | 0% |
| Neurosurgery | - | - | - | - | 6 | 0% |
| Obstetrics/Gynaecology | 3 | 2 | 3 | 1 | 13 | 33% |
| Ophthalmology | 1 | 1 | - | - | 5 | 0% |
| Orthopaedic Surgery | 2 | - | 2 | 1 | 9 | 50% |
| Paediatric Neurology | - | - | - | - | 1 | 0% |
| Paediatrics | - | - | - | - | 18 | 0% |
| Psychiatry | 3 | 1 | 4 | 1 | 14 | 25% |
| Physical Medicine & Rehabilitation | 1 | 1 | 1 | 1 | 5 | 100% |
| Respiratory Medicine | 1 | 1 | 1 | - | 2 | 0% |
| Rheumatology | 1 | 1 | - | - | 1 | 0% |
| **All Specialists** | **24** | **11** | **20** | **8** | **161** | **40%** |
| **Total CSF Funded** | **48** | **25** | **39** | **20** | **213** | **57%** |
| **Externally Funded** | **3** | **2** | **0** | **0** | **18** | |
| **Total Physicians** | **51** | **27** | **39** | **20** | **231** | |
| **CSF Funded Retention Rates[7]** | | | | | | |
| Family Medicine | | 64% | | 80% | | |
| Specialists | | 46% | | 40% | | |
| **All Physicians** | | **54%** | | **57%** | | |

## Table 34
## In-Province Chiropractors and Optometrists: Selected Indicators

| | Chiropractors | | Optometrists | |
|---|---|---|---|---|
| | 2002-03 | 2003-04 | 2002-03 | 2003-04 |
| Number of Registered[1] Practitioners | 162 | 162 | 110 | 112 |
| Population Per Registered[1] Practitioner | 6,326 | 6,221 | 9,317 | 8,998 |
| Per Cent of Beneficiaries Treated | 10.2% | 10.6% | 9.5% | 9.5% |
| **Practising[2] Chiropractors and Optometrists:** | | | | |
| Number of Practitioners | 162 | 162 | 110 | 112 |
| Number by Age Group: Under 35 | 58 | 54 | 28 | 29 |
| 35 - 44 | 51 | 50 | 33 | 30 |
| 45 - 54 | 35 | 37 | 25 | 25 |
| 55 - 64 | 12 | 15 | 18 | 21 |
| 65 and over | 6 | 4 | 6 | 6 |
| Average Number of Patients Per Practitioner | 825 | 855 | 871 | 866 |
| Average Patient Contacts Per Practitioner | 4,809 | 4,765 | 898 | 896 |
| Average Payment Per Practitioner | $54,876 | $55,674 | $35,618 | $36,260 |
| Number by Dollar Range: Less than $10,000 | 6 | 7 | 5 | 6 |
| $10,000 - 19,999 | 18 | 17 | 17 | 13 |
| $20,000 - 39,999 | 32 | 26 | 45 | 50 |
| $40,000 - 59,999 | 48 | 47 | 33 | 33 |
| $60,000 - 79,999 | 28 | 35 | 8 | 8 |
| $80,000 - 99,999 | 17 | 13 | 2 | 0 |
| $100,000 - 119,999 | 4 | 7 | 0 | 1 |
| $120,000 - 139,999 | 4 | 3 | 0 | 0 |
| $140,000 - 159,999 | 2 | 4 | 0 | 0 |
| $160,000 - 179,999 | 3 | 1 | 0 | 0 |
| $180,000 & over | 0 | 0 | 0 | 0 |

[1] Chiropractors and Optometrists practising in Saskatchewan under MSP coverage at the end of the year.

[2] Chiropractors and Optometrists receiving $1 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

**Note:** Includes chiropractic and optometric services covered by the Supplementary Health Program.

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